

# CHEMIST & DRUGGIST

The newswweekly for pharmacy

November 6, 1993



## One STRAWBERRY that's bound to *grow* IN THIS FIELD

Follow-On Milks are no longer a pint sized area of the milks market. They are now the fastest growing sector, increasing 62% year on year. Farley's Strawberry Follow-On Milk is a new addition to the repackaged

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SO FARLEY'S SO GOOD

## MP blasts DoH evidence given to PAC

## YPG plans '94 Council election hustings

## NPA to step up PR activity

## Update on ulcers and epilepsy

## Lloyds take over Scots wholesaler



## Weigh in with Winter remedies





# *No wonder Nicorette leads the way in smoking cessation*

Nicorette now holds a firm 60% share of the smoking cessation market<sup>1</sup> and is the only NRT brand with consistent market share growth over the last six months.

In fact, Nicorette puts more money through your till than the entire topical analgesics market for example.

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What's more, Nicorette Patch is the *only* nicotine patch with a growing market share while new Nicorette Mint gum has brought you refreshing extra sales.

And soon you'll help even more smokers through the hard times with new Nicorette Mint Plus.

No wonder the Nicorette range is your No.1 choice for smoking cessation.

**NICORETTE®**  
MASTERS OF NICOTINE REDUCTION  
THERAPIES

# CHEMIST & DRUGGIST

INCORPORATING RETAIL CHEMIST  
& PHARMACY UPDATE

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## Comment

The Government has been repeatedly taken to task in this column (September 12, 1992 and September 25) for paying only lip service, and not cash, to the additional healthcare services available from community pharmacists. This week a former member of the Public Accounts Committee that took evidence on community pharmacy criticises the quality of evidence from the Department as well as the quality of the profession's political lobbying (p800). PSNC chairman David Sharpe has gone on the offensive protesting that Dr Kim Howells knows much more about the profession and PSNC than he is letting on. Quite so.

However, that is not the point. Despite umpteen committees of inquiry into what pharmacy is about as an NHS contractor and as a part of the healthcare team, the profession has not defined what it can offer patients and at what price. Pharmacy has complained that the Government has proposed "new role" pilot schemes of little relevance to the public, or has refused to stump up cash till the pilots have been shown to be worthy of investigation. Pharmacy should fund its own pilots and invest in its future or face decline. First funding for pharmacist-led needle exchange schemes was placed centrally for local administration on demand. The Government has now announced that from 1995, 20 per

cent of the global sum for pharmacy services in England and Wales will be passed to FHSAs for local services, when and if they are developed. But what will be covered by this cash lump? What mechanism will be set up for their purchase/tender? What will happen to funds not used in 1995, and how will any shortfall reflect on 1996 local pharmacy services? And, most importantly, what services will be made available to a national standard, if there is a local need. The profession has just months to state its case: the opportunity is there and must be taken. For too long the Government has been allowed to deal the cards.

Boots recently revealed their non-NHS contract small store initiative. This week there is some evidence of the way the company may proceed (p802). If it succeeds in opening 240 small stores able to fax prescriptions to neighbouring NHS-contracted Boots for dispensing then the company universe will grow by a quarter without having to apply for a single new contract. Is it likely that a Government wedded to the free market economy will change the rules? And what of the "radical changes" alluded to by Boots managing director Gordon Hourston in a recent *C&D* interview (October 2, p596). Was he hinting at closed door pharmacies or simply one such national mega-dispensary or to mail order? Such opportunities are available to all and must be taken.



# Howells blasts DoH evidence to PAC

Evidence given by the Department of Health to the Public Accounts Committee last year on community pharmacy services "smacked of a lack of

government monitoring of what was going on".

Labour MP Dr Kim Howells, until recently a member of the PAC, told a Young Pharmacists'

Group conference in Cardiff last weekend that the PAC had been concerned at the lack of real information the Department held on community pharmacy services.

"There were times during evidence that it seemed the Department had not bothered to find out what pharmacists do. It seemed to me that they undervalued roles beyond the dispensing of medicines," said Dr Howells.

The PAC kept coming across promises made by the DoH and PSNC which had not been acted on. There were "tremendous examples of incompetence and a lack of vigour in pursuing targets".

The evidence had been a "grave disappointment" to the Committee, he recalled. "I think [the PAC's report] might have been a bit too soft on the DoH."

The Committee could not get the kind of statistics it expected when examining the question of on-cost, Dr Howells said. "We were given the impression this was Treasury-driven to save money rather than what was needed in the sector itself."

The PAC's report, generally, was critical of what was perceived to be a lack of adequate consultation between the Department and contractors on a range of issues central to reimbursement and future role.

The PAC considered the proposals of the joint working party into the future of community pharmacy had the potential to improve both quality of service and value for money, but needed to be considered urgently.

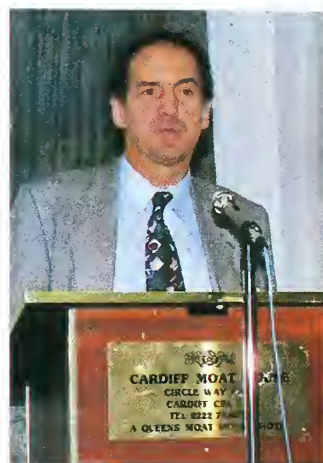
Many of the PAC's recommendations do not seem to have been negotiated or acted upon, said Dr Howells. The MP for Pontypridd added that he was not sure pharmacists are getting the best representation.

He served on the Health and Community Care Bill Committee in 1989. The Bill signalled a clear move towards a Treasury-led health service, he said, and "that is when you should have acted".

He could not recall an approach from pharmacy.

He praised the effectiveness of the pharmaceutical industry lobby, which had taken the time and effort to speak to MPs, but "we got none of that from pharmacy contractors. You are paying the cost for that. It surprises me because there is a tremendous constituency of support for pharmacy."

Dr Howells' allegations of poor political lobbying, particularly on the recent pay dispute, have been hotly refuted by David Sharpe,



Pontypridd MP Dr Kim Howells

chairman of the Pharmaceutical Services Negotiating Committee.

"Dr Howell's comments in relation to his personal knowledge of PSNC are not in accordance with the facts," he says. "He was written to personally on June 15 and replied on June 21, enclosing letters he received from ministers after he had voiced PSNC's concerns."

Following a personal briefing by Mr Sharpe of shadow health minister Dawn Primarolo and MP David Blunkett a memo to back-bench Labour MPs encouraged them to write to the DoH.

Dr Howells was invited to the PSNC dinner in February but did not come. Last week he was invited to a briefing to be held for MPs on November 25. "I cannot imagine what else PSNC should do," says Mr Sharpe.



It was not just YPG members who heard Kim Howells. Listening closely were (left to right) PACGB director Sheila Kelly, RPSGB vice-president Anne Lewis, Peter Curphey (Isle of Man) and Adrian Korsner (Barnet)

## GP advisory role for community pharmacists

Community pharmacists will be able to advise GPs on prescribing following a joint initiative between Staffordshire and Wolverhampton Family Health Services Authorities.

The idea is the result of

research carried out by Jeff Bourne, FHSA pharmaceutical advisor for Staffordshire and lecturer at Keele University. Mr Bourne demonstrated a saving of £17,000 in ten GP practices when he carried out an audit on antibiotic prescribing.

Evidence was presented to the regional general manager and members of the Department of Health who agreed to fund the project next year. It will involve community pharmacists liaising with GPs to discuss key messages that come out of the FHSA analysis of PACT data.

The project will be controlled by the FHSA, with training provided by Keele University. The community pharmacists taking part in the project will be paid.

Mr Bourne foresees problems if there is not a good relationship between GPs and pharmacists at a local level. "It is important to maintain a good relationship between the professions. Ultimately we want the project to benefit both GPs and pharmacists," said Mr Bourne.

Only Staffordshire FHSA has pharmaceutical advisors on the staff. "It will be interesting to compare how the two FHSAs manage the project", said Mr Bourne. "We are not trying to remove the need for pharmaceutical advisors. They are essential to co-ordinate such projects".

It is envisaged that the pharmacist will visit two GPs in half a day. Each GP will be visited on a six to eight week cycle, although these plans are not finalised as yet.

## Kent win funds for health leaflets

Kent Family Health Services Authority has won £81,220 from the 1993/94 regional budget to fund displays, posters and leaflets for doctors, pharmacists, dentists and opticians.

The money is part of £2.6 million set aside for primary healthcare capital spending by South East Thames Regional Health Authority.

The bid was put in some time ago, said Michael Moore, Kent Local Pharmaceutical Committee secretary, and at this stage there is only a broad outline of how the money is going to be used. Pharmacists will obviously be displaying the leaflets following the latest remuneration offer, added Mr Moore.

The bid follows on from a project which identified the core leaflets to be available in the doctors surgery.

Subjects such as healthy eating and smoking will be covered in the leaflets.

## PSNI puts out call for Fellows

The Pharmaceutical Society of Northern Ireland is seeking nominations for Fellows, prior to the annual meeting of the panel, appointed by the Council, which considers such proposals.

All applications for consideration by the panel should be proposed and seconded and accompanied by written details of the candidates suitability.

In normal circumstances fellowships should be recommended only for pharmacists who have been on the Register for at least 10 years and who meet the following criteria: "Pharmacists who have distinguished themselves in the science, practice or profession of pharmacy and have enhanced the good reputation, image or status of the profession to an exceptional degree or a pharmacist who has rendered outstanding service to the community".

As the panel will meet during November, applications must be with the Secretary of the Society not later than November 26.



## Call for more private prescriptions

GPs should be able to provide private prescriptions for patients if the cost was less than £4.25, Dr Jane Richards, chairman of the prescribing subcommittee of the British Medical Association's GP committee, told a Select Committee on Health this week.

MP Jackie Lait had asked the BMA delegation if a box could be included on the FP10 to indicate the product may be cheaper to buy. Dr Richards said GPs had been discussing this with the Department of Health.

Under the NHS contract GPs are not allowed to write private prescriptions for NHS patients.

GPs were not looking for a fee, they only want to be able to recommend that the patient buy the medicine OTC or to give a

private prescription if the cost of the drugs is less than £4.25.

The RPSGB is expecting to be asked to appear before the Select Committee, although a date has yet to be confirmed.

In evidence on other matters, the BMA said:

- The nature of the drugs made available over the counter must be carefully considered on the basis of advice from the medical and pharmaceutical professions.

- They back generic prescribing provided an acceptable generic quality was guaranteed and the doctor retained a clinical freedom to decide if a particular patient needed a branded product. The Government must indemnify prescribing doctors against product liability.

## YPG to press ahead with hustings in '94

The Young Pharmacists' Group is to press ahead with hustings for RPSGB Council candidates next year in spite of lack of support from the Society. The event is likely to be held in March in Birmingham, according to YPG chairman Andrew Burr.

A YPG survey of local branches (with a 35 per cent response rate) shows that 84 per cent feel the current election process could be improved, while 90 per cent feel candidates should be allowed to canvass.

Presenting the results of the survey to the YPG annual conference in Cardiff, Mark Koziol said 62 per cent of the sample wish to see an election hustings in 1994, and 79 per cent say that if such an event is held it

should be organised by the Society.

"A regional hustings may be an idea which the Society should finance as part of its service and commitment to the membership," he suggested.

Council's current position of "no change" to the election procedure must cast grave doubts on the Society's accountability to the desires of its members, he said.

The Society has examined the election procedures of 13 other professions. Most allow candidates to submit biographical details and a brief policy statement. Ten organisations allow canvassing with only three deprecating the practice.

## N. Ireland gets prereg exam

Pre-registration graduates in Northern Ireland will be sitting a registration exam in 1994.

The Pharmaceutical Society of Northern Ireland is buying the exam from the RPSGB and the London pharmaceutical consortium who organise it.

It will be the same as that sat by students in the UK, varying only in the organisations and laws of Northern Ireland. The exam will be held on the same day throughout Great Britain.

The objectives of the exam are:

- To assess the student's ability to apply his/her knowledge in a professional situation.
- To show the student has gained the required benefit from the pre-reg year.
- To show an acceptable level of knowledge.
- To demonstrate awareness of the pharmacist's role and the function of the Society and other pharmaceutical bodies in Northern Ireland.
- To promote the achievement of these objectives.

## Trent's generics campaign

Trent Health hopes to reduce its drugs bill by up to £2 million a year by persuading doctors to prescribe generically.

Under the scheme, launched last week, doctors and pharmacists will be given a leaflet answering questions on bioequivalence, quality and product liability. A list of potential savings is included.

To reassure patients who fear a less effective drug, a leaflet has been produced explaining that differences in colour, shape, size and taste are unimportant in

terms of safety and effectiveness. Posters are also available.

Drug information officer for Trent Health, Peter Golightly, says: "The objective is to switch the money saved on medicines to other patient care services."

A spokesman for Trent Health told C&D that the money will be ploughed back into supporting the primary healthcare team.

Secretary of Derbyshire LPC, Rodgers Jeffries, says: "LPCs are for saving money, provided that the money saved is used correctly and sensibly."

## Prescriptions with the milk?

Prescriptions may be delivered with the morning milk in the Gloucestershire area following the introduction of a Social Services scheme to target people who receive help to remain in the community.

It will involve milkmen calling to check on their welfare and heating arrangements. Extra services such as shopping and delivering prescriptions may earn an hourly payment of up to £5.

Finance comes from the transferred fund granted to councils by the Department of Health to be directed into

community care.

"We looked for the best way to monitor old people in their homes, and it seemed obvious to use the milkman. This service is by no means instead of the other services we provide, just to supplement them," said Sheila Walker, purchasing development manager for Gloucester Social Services.

It is always an option for the pharmacist to deliver the medicines, she added, because gaps may exist in the service.

However she said it would be difficult to pay the pharmacist for the service as the money available is linked to the individual patient.

The scheme, which was due to start on November 1, is still at the co-ordination stage. The social services are targeting individual requirements and then discussing with the milkman concerned what service they are prepared to offer.

Dr Chris Dunn, secretary of Gloucester Local Pharmaceutical Committee, believes pharmacists will not object to this service being introduced as the milkman will only be acting as an agent for the patient, and it will only affect patients who may have problems getting to the pharmacy.

"Anything which encourages keeping an eye on elderly patients can only be good," he said.

Gloucestershire Family Health Services Authority was not aware of the scheme earlier this week, but intends to look into it.





# NPA to step up PR activity

The NPA Board has voted overwhelmingly in favour of expanding its advertising/PR programme for the coming year following the imposition of the 1993-94 remuneration package.

But there will be no national

"anti-remuneration package" campaign. Board members agreed at their October meeting that investing money in such an exercise would be a waste of money. Unless large numbers of pharmacies are closing down,

there is no national message.

The Board agreed, though, that there was considerable scope for local stories based on real cases of pharmacies closing because they were no longer economically viable. An appeal is appearing in the November "Supplement", encouraging members to contact the NPA if they have a local story. There will also be a reappraisal of the NPA advertising programme with a view to launching a new campaign for 1994.

**Pharmacy Compensation Scheme.** The NPA reiterated its support for compensation to be paid to contractors whose pharmacies are rendered non-viable by the pay deal now imposed by the Department of Health; the scheme to be underwritten by the DoH and negotiated between the Department and PSNC.

**World Ostomy Day.** The NPA's presence at the World Ostomy Day conference and exhibition attended by health professionals as well as patients, had been productive. Speaking at the conference, Mary Allen, head of NPA information services, had highlighted the pharmacist's role in stoma care. She had also emphasised the disparity in pay for NHS prescriptions between appliance contractors and pharmacists.

**Space inhalers.** The NPA is to obtain independent advice on the incompatibility or otherwise of generic inhalers with space inhaler devices, so that appropriate guidance can be given to members.

**POM to P training pack.** Manufacturers involved in POM to P switches are to be encouraged to involve the NPA at the earliest possible stage in the production of their training material for pharmacists.

**Advertisements for OTC medicines.** Prompted by an advertisement for Oruvail Gel, which stated that the gel is "available over the pharmacy counter at Boots", the NPA is to write to all manufacturers, urging them not to produce advertisements which link their products to specific outlets.

**OTC "morning after pill".** Unanimous support was given to the Family Planning Association's view that the "morning after pill" should become available for sale over the counter. Board members were confident that pharmacists could sensibly control sales of this emergency contraception, while increasing public access to it.

**Gleeson resigns.** Mr Peter Gleeson informed the Board that he had retired from business and severed his connection with the pharmacy company in which he held a directorship.

## Non-NHS Boots faxes scripts

Boots the Chemists are faxing prescriptions from a branch without an NHS contract to another Boots which has a contract. The dispensed medicines are then delivered back to the first branch for collection by patients.

The Boots branch at Monument, London, which opened 18 months ago and has no NHS contract, has for the past 10 months been faxing prescriptions to the Fenchurch Street branch.

Boots' head of corporate affairs, Martin Wakeling, told C&D that the Monument branch was responding to a demand for an NHS prescription service, but was unable to say how many prescriptions had been dispensed.

The Royal Pharmaceutical Society's branch representatives' meeting last May condemned the practice of "satellite dispensing". The resolution was supported by Council in its interim report on the meeting (last week, p754). The Department of Health has been considering amending the NHS dispensing Regulations to prevent such practices. An amendment has already been made in Scotland.

## Society view

Ruth Rogers, head of the Society's ethics division, told C&D this week that the Medicines (Labelling) Regulations 1976 required a dispensed medicine to be labelled with the name and address of the person selling or supplying the product. If this was to be the pharmacy on a pharmaceutical list it would be advisable to have a notice in the non-contract pharmacy.

The Society is concerned about a practice whereby the pharmacist who deals with the customer has no involvement in dispensing the medicine. The pharmacist at the non-contract store would have a professional duty to ensure that the medicine had been accurately and appropriately dispensed. Both pharmacists would be professionally accountable.

Pharmacists would also need to safeguard against wrong dispensing due to an unclear fax.

A year ago John D'Arcy, pharmacist administrator at the NPA, questioned why Boots were running pharmacies with no NHS contract (C&D, October 10, 1992, p672). Was it a political ploy to enable them to say to the Department of Health that they were having to turn patients away because those branches could not dispense prescriptions or were they trying to squeeze OTC business from other pharmacies then move in as these other businesses closed down?

## LPC elections coming soon

Elections to local pharmaceutical committees and to the Pharmaceutical Services Negotiating Committee are to be held early next year.

The term of office for LPC members expires on March 31, 1994, while that for regional representatives on PSNC expires on April 30, 1994. The new terms of office will run for four years from those dates.

Nominations and voting papers will be sent automatically to every pharmacy contractor. Separate elections are being held for employee representatives on LPCs (see below).

The timetable for all elections is:

- Election notice and nomination forms to be issued not later than January 7, 1994
- Nomination papers to be

returned by 12 noon January 21

- Voting papers to be issued not later than February 11
- Voting papers to be returned not later than February 25
- Results declared on or before March 18

LPCs consist of 15 (or nine) pharmacist members, nine (or six) of whom are private pharmacy contractors and five (or one) employee pharmacists. Two (or one) are representatives of the Company Chemists Association and there is one representative of the Co-operative Societies if they have premises in the area.

Committee members who represent pharmacy contractors are elected by local contractors, while employees are elected by people employed by pharmacy contractors in the area.

## LPC elections: Employees

Every person employed in community pharmacy may be included in the list of persons entitled to take part in the forthcoming local pharmaceutical committee elections.

For the purpose of the election, the term "employed" means either:

- a pharmacist with a contract of employment with a pharmacy contractor who has not been nominated by the contractor as a representative in any FHSA area; or
- a pharmacist providing locum services in the FHSA area for not less than eight hours per week average throughout the year prior to election.

To be included in the list, please fill in and return the form below.

### EMPLOYEE PHARMACISTS

Title: Dr/Mr/Mrs/Miss (delete as appropriate)

Name: ..... (IN BLOCK LETTERS)

Address: .....

.....

.....

.....

Post code: ..... Daytime tel no: .....

Either

name of pharmacy contractor with whom employed:

.....

.....

Address: .....

.....

.....

Post code: .....

Family Health Services Authority .....

Or

If a locum pharmacist eligible as detailed in subparagraph (b) above, the FHSA

area in which locum services are provided:

Family Health Services Authority .....

Signed .....

Date .....

Please return to:

The Returning Officer, Pharmaceutical Services Negotiating Committee, 59

Buckingham Street, Aylesbury, Bucks HP20 2PJ, not later than December 3, 1993



## Charity begins at home

The frequency with which I am asked to support charitable causes is increasing at an alarming rate. Seldom a week passes by without a child plus sponsor form pleading for support or a telephone call offering benefits for my contribution.

Last week I was offered an opportunity to play golf with celebrities if I donated £100. I might seem frugal but to all such approaches, my reaction is usually "no". My decision to support a charity is usually arbitrary and often dependent on the effect to my business should I fail to cough up.

Healthcare has its full complement of charities, most of them doing an excellent job. Frequently they have originated from a small group of committed individuals who have banded together to make others' lives better, and often their concern and practical help makes a difference.

### It seems that charities are now expected to provide more than the icing on the NHS cake

I thought that health charities existed to put the icing on the NHS cake. I accept that the public purse cannot pay for every medical need and see the charities as providing that little extra which government cannot justify paying for.

However, it now seems that charities are expected to provide a much greater part of the cake itself.

As community care expands, the health charities are becoming more professional in providing basic services. They might be doing this less expensively than the NHS but I sincerely hope that this is not second rate healthcare: an untrained carer is less expensive than a trained nurse.

Basic health needs are not something that can be left to charity. There are inherent dangers with Conservative policy about "less tax with more of our money in our pockets so that we can decide where it is spent". I have not the time or the expertise to scrutinise the health charities to select the most worthy. I would therefore have difficulty deciding where my donation should be made, and may decide not to give at all. As a member of society, funding health is my obligation. It is my choice to give to charity.



## Branded generics a moral issue

The September issue of the Medicines Resource Centre Bulletin makes fascinating reading by highlighting the price of a selection of branded generics compared with the Drug Tariff. In the same article it also stated that some companies offer large discounts of up to 40 per cent to dispensing doctors so that when prescribed by brand, large profits are made by the doctors to the detriment of the NHS.

In each of the drugs listed the most expensive were those marketed by Ashbourne Pharmaceuticals who supply principally to dispensing doctors. Their price premium over Tariff varied from 250 per cent for salbutamol inhalers to a massive 1,960 per cent for allopurinol 300mg. At this level of pricing the potential for profit is enormous and at a time when resources are so scarce it would be immoral for any doctor to consider prescribing them.

There is nothing illegal in these transactions but massive profits can be made to the detriment of the whole health service. The current discount inquiry on dispensing doctors may solve part of the problem but meanwhile the medical and

pharmaceutical advisers on all FHSAs should be monitoring the prescribing habits of their GPs and, using this bulletin as ammunition, use heavy persuasion to convince those using expensive branded generics of the error of their ways.

## Who needs an excuse?

The mounting evidence for the prophylactic usefulness of antioxidants in the diet has spawned a variety of health supplements, all claiming a protecting role in the body against the activity of free radicals.

At the moment most are selling well, but I suspect their sales will eventually settle at a far lower rate because most customers are naturally lazy and lack the motivation to regularly consume a medicine on the promise of jam tomorrow.

I have to admit that I fall into this majority category and rarely take any supplements, but a recent report in *The Lancet* gives me just the incentive I need to change my ways (C&D October 30, p756). It appears that a high intake of dietary flavanoids is associated with a significantly lower risk of death from heart disease and the main contributors were.... tea and red wine! Beam me up, Scottie!!!!

## Doing your own nostrum

I think I am now too long in the tooth to emulate Prakash Mashru and formulate my own proprietaries, but basking in his reflected glory I can confirm the logic of the small criticism of many of his professional colleagues (C&D October 30, p770).

I have manufactured and sold my own cough mixture for as long as the shop has been in existence. The formulation has been changed in order to adapt

to current knowledge but it tastes the same, has the same name and can only be purchased from my pharmacy. Its financial worth in establishing and continuing goodwill is inestimable and unlike some branded varieties, which start off with promises of high profits and exclusivity, I can guarantee its success.

Cough remedies are probably the most frequently counter-prescribed pharmacy medicines and can induce a customer loyalty second to none. The initial work necessary to produce formulation and packaging should be exciting rather than daunting and with most proprietary prices now over £2 there is ample scope for both customer savings and also more profit for the pharmacist. Add to this the guarantee of a "your pharmacy only" product and I am not "surprised" but "amazed" that all community pharmacists are not already marketing their own cough mixtures.

## Out of the mouths of babes...

I recently employed a young man on a three-week work experience from a local college. He was interested in community pharmacy as a career, and I was only too happy to help him.

At the end of the three weeks he thanked me and the girls for all our help and asked me to review and sign the report he had had to write for his college. This was a well presented analysis of the pleasures, problems and frustrations of community pharmacy that genuinely impressed me for its perceptive content.

He had enjoyed his work experience, it had taught him much about the depth of professionalism inherent in community pharmacy but where, he asked, was that co-operation from the medical profession that he had anticipated and was looking for? He found it non-existent and commented that here was room for improvement! Out of the mouths of babes...

Xrayser

# Topical REFLECTIONS



# Medical matters

## Malaria wheel

Masta have developed a chloroquine and Paludrine tablet dispenser, known as the "Malaria Wheel" which contains a 28-day supply of both tablets. The "day dial" on the device will improve compliance. It is available to pharmacists at cost of £30.75 excl VAT for 15 (rsp £3.95). It is non-prescribable but will be advertised to doctors to encourage travellers to ask for it at their local pharmacy. **Masta. Tel: 0274 531723.**

## Aknemin dose

E. Merck Pharmaceuticals say the dosage for Aknemin capsules should read 50mg twice daily or 100mg once or twice daily. **E. Merck Pharmaceuticals. Tel: 0420 564011.**

## Zemaphyte

GPs will no longer be able to prescribe Zemaphyte, the Chinese herbal remedy for eczema, on the NHS. Following a recommendation from the ACBS the unlicensed standard herbal formulation has been blacklisted with effect from November. Zemaphyte was available on the NHS on a named-patient basis. It will still be available on NHS prescription in hospitals.

## Smoking mothers

"The Smoking Dilemma — help for smoking mums" is a new video available free to health professionals. The video has been funded by Ciba Pharmaceuticals. Women can order their own copy at a cost of £3.99 (p&p inc). Copies of the video and leaflets can be obtained by phoning the advertising department at **Ciba-Geigy Pharmaceuticals. Tel: 0403 272827.**

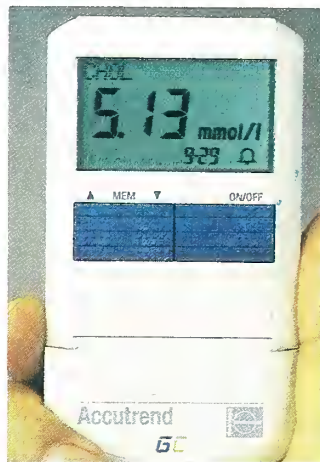
## Accutrend GC meter

Accutrend GC is a new pocket sized meter which measures both total cholesterol and blood glucose levels. Boehringer Mannheim say the hand-held unit combines the diagnostic technology developed for the Reflotron and Lipotrend C desk-top analysers with the original Accutrend blood glucose meter.

The total cholesterol can be measured from a single drop of finger tip blood which is placed directly onto an Accutrend Cholesterol strip as it is being positioned in the meter. The result is digitally displayed after three minutes.

Accutrend GC measures total cholesterol within the range 3.88-7.76 mmol. Levels below or above this are shown as "Lo" or "Hi" on the display screen, indicating the need for further investigation. Up to 20 consecutive readings, together with the date of the test, are stored in the instrument's memory.

Blood glucose is tested separately using an Accutest strip. Using an identical technique to the cholesterol testing, a result is obtained in 12 seconds. Up to 50 consecutive test readings, with both date and time of the test can be stored in the memory.



Each container of Accutrend Cholesterol and Accutest blood test strips has its own bar code calibration strip, with the strips coded to match to help ensure error-free use of the system.

The Accutrend GC system is available as a package which includes the meter, 25 Accutrend cholesterol strips, 50 Accutest strips, quality control materials, report forms and an Autoclix finger pricking device. The cost of the complete system is £199 (excl VAT), which the company say is a saving of £50 on the total cost of the individual components. **Boehringer Mannheim UK (Diagnostics and Biochemicals Ltd.) Ltd. Tel: 0273 480444.**

## Deprivation causes illness and death

Social deprivation has been linked to illness in diabetics and to premature mortality by two studies published in the latest *British Medical Journal*.

In a study of the 14 regional health authorities in England, increasing deprivation of an area was significantly associated with mortality from all causes, coronary heart disease and smoking related diseases.

The authors say the current Government targets for reducing heart disease mortality by 40 per cent could be achieved if the mortality in the poorest areas of the country fell to the rates seen in most affluent areas. They conclude the potential for reducing mortality associated with deprivation is immense and remains a future challenge to all involved in public health.

Diabetic patients from socially and economically deprived inner city areas were found to be less likely to use insulin and more likely to smoke and to have cardiovascular disease than were patients from more prosperous areas. The authors of this study advocate three courses of action: to support the alleviation of social and economic disadvantage; to offer an excellent service to patients with diabetes, aiming at optimal glycaemic control in order to minimise the risk of complications; and to continue to persuade patients not to smoke.

## Drug promotion and scripts

The promotion of newer, more expensive drugs by drug companies to GPs is leading to overprescribing concludes a study in the *British Medical Journal*.

The authors looked at data on prescribing of angiotensin converting enzyme (ACE) inhibitors, new broad spectrum antibiotics and H<sub>2</sub> receptor antagonists in all general practices between 1988 and 1991. All three classes of drugs offer benefits to selected patients. However, they are more expensive than older drugs with proven efficacy and "should therefore only be prescribed when specifically indicated".

During the study period prescribing of ACE inhibitors more than doubled (126 per cent). Although there were only

two absolute indications for the class (heart failure and hypertension uncontrolled by other drugs or drug combinations), they were being promoted and used for all grades of hypertension.

Prescribing of H<sub>2</sub> receptor antagonists increased by 46 per cent. The authors say the drugs are associated with high rates of relapse and that a well tried alternative is a course of bismuth chelate which is associated with a much lower relapse rate.

Prescribing of ciprofloxacin and cefuroxime, two new broad spectrum oral antibiotics, increased by 207 per cent. Both products were being marketed for routine treatment of upper and lower respiratory tract, urinary tract and other infections in general practice infection.

## Hypertension in diabetics

Lifestyle modifications, such as weight management, diet, exercise, moderating alcohol intake and smoking cessation, are the foundation of diabetic and hypertension management, says a consensus report on the treatment of hypertension in *Diabetes Care*.

It says drug therapy should be initiated in mild to moderate hypertension only when three months of lifestyle modifications have proved unsuccessful in controlling the hypertension. In severe cases drug therapy should begin at diagnosis.

The optimal blood pressure level in diabetic patients is unknown. However, the aim of blood pressure therapy for non-pregnant diabetic patients aged 18 years or over is to maintain blood pressure below

130 mmHg systolic and 85 mmHg diastolic. This can be reduced further if done with caution and if the lower blood pressure is well tolerated.

Five classes of anti-hypertensives are effective for single-agent therapy in diabetics — thiazide diuretics,  $\beta$ -blockers, ACE inhibitors, calcium antagonists and  $\alpha$ -1-receptor blockers. The panel reached no consensus that any single class of antihypertensive drug was preferred as initial drug therapy for hypertension in diabetes, in the absence of kidney disease.

In diabetic patients with declining renal function, antihypertensive therapy slows the decline. ACE inhibitors produce a more beneficial effect on diabetic nephropathy than other antihypertensives studied.



# Just how big a headache is Tension Headache?

The biggest. In fact, 74% of all headaches are Tension Headaches.<sup>(1)</sup> Which, when you think about the pressure people are under today, makes sense.

What also makes sense, is to recommend a *specific* Tension Headache remedy straight away. And the one to recommend is Syndol.

There is no more effective OTC treatment for your patients. Uniquely formulated for Tension Headache, Syndol contains the powerful analgesic combination of Paracetamol, Codeine and Caffeine, plus Doxylamine Succinate to ease muscle tension and bring fast relief (a clinical study showed that in 97% of Tension Headache attacks, Syndol started to work within 30 minutes).

It is a Pharmacy medicine, is strongly supported, creates extraordinary loyalty, and powerful word of mouth recommendation.

Get the benefit. Display well, recommend at once, and above all don't get caught out of stock. That's a headache you could do without.



## You can't recommend more powerful relief.

(1) National Headache Survey, Gallup 1993

**INFORMATION FOR PHARMACISTS:** Each tablet contains Paracetamol BP 450mg, Codeine Phosphate BP 10mg, Doxylamine Succinate USNF 5mg, Caffeine BP 30mg. **USES:** Treatment of mild to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction or tension headache, migraine, neuralgia, toothache, sore throat, dysmenorrhoea, muscular and rheumatic aches and pains and post-operative analgesia following surgical or dental procedures. **DOSAGE AND ADMINISTRATION:** Adults and children over 12 years 1 or 2 tablets every 4-6 hours as needed. Maximum 8 tablets in 24 hours. Not recommended in children under 12 years. **CONTRA-INDICATIONS, WARNINGS ETC:** Contra-indications: Idiosyncrasy to any of the ingredients. Precautions: May cause drowsiness. If affected, do not drive or operate machinery. No data available in pregnancy avoid use. Side-effects: Drowsiness or dizziness, mild constipation, agranulocytosis rarely. Overdose: Paracetamol overdose can cause liver and kidney necrosis. Immediate medical referral is essential. **LEGAL CATEGORY:** P CD (Section 5) (not prescribable under NHS). **PRODUCT LICENCE NUMBER:** PL4425/0018. **PACKAGE QUANTITIES, PRICE:** Pack of 10 tablets £1.59. 20 tablets £2.77. 50 tablets £6.08. **DATE OF PREPARATION:** September 1993. Full prescribing information is available from licence holder Marion Merrell Dow Limited, Lakeside House, Stockley Park, Uxbridge, Middlesex UB11 1BE.



# Counterpoints

## Baking soda for cleaner teeth

Toothpaste with baking soda is the latest innovation to hit the UK oral hygiene market. Chemist Brokers are to distribute Arm & Hammer Dental Care Baking Soda Toothpaste from January.

Since its introduction to the US five years ago the brand has gained a 10 per cent share of the toothpaste sector. Makers Church & Dwight are hoping to achieve a similar percentage in Britain. This is the company's first foray into the European market.

The toothpaste is available in two variants, cool mint and fresh mint. Both contain fluoride to help prevent caries and sodium bicarbonate to clean, deodorise and polish teeth. Sodium bicarbonate is also an acid neutralising agent, maintains normal body and mouth pH and is said to be the least abrasive dental cleaning agent next to water.

Chemist Broker's director, Arthur McCarten, says of the introduction: "We are not looking at a quirky little corner of the market, we want it to be seen as a family toothpaste."

The launch is being supported by a £4.5 million campaign. This includes Press advertising, in particular the women's Press, and television advertising to begin in March. There will also be a one-off advertisement direct to the trade, details have yet to be announced.

Some nine million samples will be distributed through magazines, alongside money-off coupons. Dentists and hygienists are also being targeted and will receive product information and samples. It is claimed that two-thirds of dentists in the US recommend baking soda toothpaste to their patients.

The toothpaste comes in two sizes (50ml, 100ml) and retails at £0.95 and £1.85 respectively. A special 18ml trial size will be available costing £0.29. Chemist Brokers. Tel: 0705 219900.



## Keromask gets duopacks

Innox have introduced two duopacks of their skincare cream Keromask.

Each duopack comprises two creams — a skin tone with a choice of light or medium, and a white, which can then be mixed together to achieve an exact colour match.

Each pack will cost £12.90, with the finishing powder and individual tubes prices at £6.45 each. Network Management Ltd. Tel: 0252 29911.

## Stylish eyewear

A new range of reading glasses is available from Eurospecs, comprising four styles.

Each style comes in seven strengths ranging from +1.25 to +3.50 dioptries. Priced at £1.50 and £1.95 trade plus VAT, the range has a recommended retail price of between £2.99 and £5.99.

A free stand is available with orders over £200. There is a minimum order of 20 pairs. Eurospecs. Tel: 071-377 7563.



Smithkline Beecham have introduced a full colour poster on the subject of haemorrhoids. Designed for use in pharmacies, surgeries and health centres, the poster explains what haemorrhoids are and how to prevent and treat them. Copies can be obtained by writing to Haemorrhoids Poster Offer, PO Box 476, Llangollen, Clwyd, LL20 8TT. Smithkline Beecham Consumer Brands. Tel: 081-560 5151

## Quest add "Cell-Life"

Quest have added "Cell-Life" Antioxidant Protective Nutrients to their range of vitamin and mineral supplements.

The supplement (£4.99 for 30 tablets) contains vitamins C and E, beta carotene, and selenium, zinc, manganese, and copper minerals.

The supplement is targeted at consumers who smoke, have active lifestyles, those living in polluted areas, and the over 40s. Quest Vitamins Ltd. Tel: 021-359 0056.



## Support for Redoxon

Redoxon vitamin C is to benefit from a £1 million Press campaign.

Following on from the body painting theme adopted for Redoxon Protector, the new advertisement features a woman whose entire body has been painted in a jumper, scarf and jeans, set against a contrasting backdrop of ice. The advertisement is designed to emphasise the importance of ensuring a regular intake of vitamin C during the colder months.

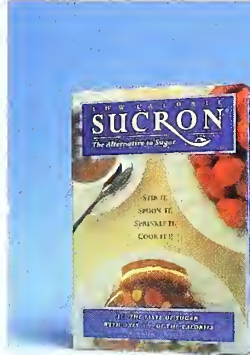
The advertisements will run in women's, home interest and consumer lifestyle magazines until February. Roche Nicholas Consumer Healthcare. Tel: 0707 366000.

## November offers at Numark

Numark are running a number of promotions.

A 10 per cent discount is available on baby care products including Nursery cotton wool roll, Ultra Dri Plus infant, toddler and child nappies. With orders of five cases of any combination, pharmacists qualify for a free case of baby powder.

Retailers will be offered all 36 exposure films at £13 for a pack of ten and 24 exposure film at £10.50 for ten. On Numark bags a 12.5 per cent discount is offered to customers. Numark. Tel: 0827 69269.



## Postbag additions

A number of new titles have been added to Dr Mike Smith's Postbag series of books on common medical problems.

Each of the books provides case histories, answers questions and offers advice and information on the cause and treatment of the ailments addressed.

The new titles cover skin problems, allergies, migraines, and eating disorders. They cost £4.99 each and are available from Kyle Cathie Ltd. Tel: 071-834 8027.

Sucron has been relaunched in new packaging for wider appeal. The new Sucron packs come in two sizes, 400g (£1.65) and 750g (£2.49). To coincide with the relaunch Roche have produced a cook book which consumers can send off for. Roche Nicholas. Tel: 0707 366000.



# NO PAIN NO SMELL NO MESS NO PILLS



# NO CONTEST

Since its launch in 1991, Ibuleve has become one of the most successful OTC brands ever.

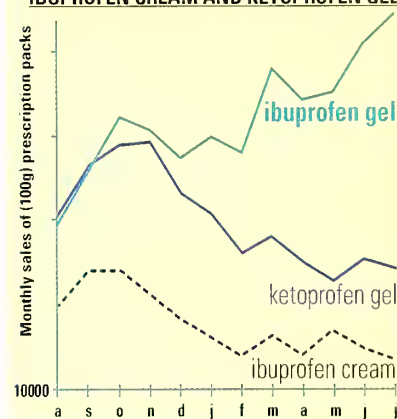
The main reason for this success is that Ibuleve is a truly excellent product.

Ibuleve (ibuprofen gel) delivers effective relief from pain in an unique formulation that sufferers find highly acceptable and convenient to use.

And it's not only the sufferers who approve - doctors do too...

The graph below shows sales of prescription (100g) packs of ibuprofen gel, ibuprofen cream, and ketoprofen gel over the last year.

**PRESCRIPTION SALES OF IBUPROFEN GEL, IBUPROFEN CREAM AND KETOPROFEN GEL**



The figures speak for themselves; so do the results from a double blind clinical trial which concluded:

*"(Topical) ibuprofen proved significantly more effective and faster than ketoprofen in resolving spontaneous pain"*

But despite this success, there are still thousands of sufferers who don't know about Ibuleve.

That's why we are spending over £1 million on TV and Magazine Advertising directing sufferers to ask you, the pharmacist, about Ibuleve.

We think we know what you will be telling them...

## PAIN RELIEF WITHOUT PILLS



## Snuggle up to an Eskimo

Vantage have introduced a new range of hot water bottles which release an aromatic fragrance when warm.

The Eskimo range comprises three hot water bottles in two litres and others of five.

Eskimo Single Rib has a trade price of £10, with an rsp of £3.45. The Eskimo Double Rib has a trade price of £10.25, with an rsp of £3.55, and the Eskimo Plain has a trade price of £9.65, with an rsp of £3.35.

Vantage has also relaunched its Menthol Vapour Rub with new packaging to bring it into line with the rest of the range. **AAH Pharmaceuticals Ltd.** Tel: 0928 717070.

## Emergency dental kit

An emergency dental kit is now available from Fiona Mahon Associates which provides all the components for long-lasting repairs to lost fillings, cracked teeth, dislodged caps and crowns.

The kit, prepared by a practising dentist, has step-by-step instructions on self-administered repairs.

The basic component is a dental cement with antiseptic agent, supplied pre-dosed in a capsule. A precise measuring spoon is also provided to measure out drinking water which is then mixed with the cement on the pad provided.

Each kit is hygienically sealed in tamper-proof packaging, and is designed to stand on a merchandising unit. They cost £3.99 each. **Fiona Mahon Associates.** Tel: 081-842 3141.

## Hands and hearts

Nulon hand lotion is joining forces with publishers Mills & Boon in an on-pack promotion designed to get romantic hearts fluttering.

Free copies of Mills & Boon novels will be available in return for two proofs of purchase.

The promotion runs until the end of April next year. **Henkel Cosmetics.** Tel: 081-804 3343.

## Winter cheer from Cannon Babysafe



Cannon Babysafe are running a number of promotions for the season of goodwill. Trade customers purchasing stock dispensers of the Avent soother ranges, each carrying eight packs of two soothers, will be charged for seven only.

The Cannon Babysafe Trainer Cup Dispenser

containing six trainer cups will be available at the price of five.

Consumers will be offered £1 off the Avent Feeding and Weaning Systems, as well as price reductions on the Cannon Babysafe 8oz and 4oz Feeding Bottle Twin Packs. **Cannon Babysafe Ltd.** Tel: 0787 280191.

## Luxury towels offer

Braun Oral Care and Oral B are running an exclusive pre-Christmas promotion featuring the Braun Oral B Plaque Remover.

Any consumer purchasing a Braun Oral B Plaque Remover between November 15 and December 24 will receive a

free luxury towel set comprising two hand towels and two face towel.

The Plaque remover will also be subject to strong advertising in the run up to Christmas both on television and in the Press. **Braun (UK) Ltd.** Tel: 0932 785611.

## Novel cotton wool Twirls for Christmas



Joining in the festive spirit, Macdonald and Taylor have introduced special "Twirl" promotional packs of Simply Gentle cotton wool.

The Twirls are multi-coloured strands of cotton wool, each

containing four twists in combinations of white, blue and pink. They will cost £0.99 each. Free Twirls will also be given away with all minimum Simply Gentle cotton wool three case orders. **Macdonald & Taylor Ltd.** Tel: 061-627 3848.

## Win a trip to the World Cup

Ever Ready are launching their biggest ever on-pack promotion on their Energizer batteries.

Twenty consumers will be offered the chance to see the World Cup 1994 Final in Los Angeles and a trip to Hollywood.

Starting this month, the match and win promotion will run on all standard sizes of Energizer batteries, with each pack containing a competition leaflet showing two symbols.

Consumers simply have to make a "team" by matching a trophy and a

Hollywood logo to win one of ten pairs of tickets to the US to see the World Cup and Hollywood.

Match a TV and a video logo to win one of 25 World Cup Watchers Kits, comprising a JVC color television and VHS video recorder or match a football and a boot logo to win one of a 1,000 Energizer World Cup Footballs.

As an added consumer incentive, all promotional packs will carry a 20 pence off voucher. **Ever Ready Consumer Products Ltd.** Tel: 081-882 3171.



Captain Scarlet is the latest addition to the Search range of character toothbrushes. Four brushes in the range feature Captain Scarlet, Captain Black, Spectrum Pursuit Vehicle and Angel Aircraft. They will have a price of £1.49. **Stafford Miller Ltd.** Tel: 0707 331001.

## Colgate Plax success

Following the publication of long-term clinical trials which demonstrates the efficacy of Plax against plaque, Colgate-Palmolive are providing extensive new support for the brand.

The result proved that Plax reduced plaque by 24 per cent overall and by 50 per cent in hard to reach areas.

The new campaign will target dentists with an "infomercial" focusing on the trial on Sunday November 14, on GMTV. Consumers will then be targeted with a shorter version on November 24 on Channel 4.

Follow up advertisements will then

appear in the national Press. **Colgate-Palmolive Ltd.** Tel: 0483 302222.

## Kenwood Winter giveaway

As part of the build up to their peak Winter sales period, Kenwood Appliances are giving away a free kettle with their Ultrascreen electronic water filters. The promotion will be advertised in the Press. **Kenwood Appliances.** Tel: 0705 476000.





# The Corsodyl spokesman

**Corsodyl** Mouthwash has the unequivocal recommendation of dentists.\*

They know there's no better way for their patients to take care of gingivitis, or for that matter, conditions as diverse as aphthous ulcer, oral candidiasis and denture stomatitis.

They know that **Corsodyl's** active ingredient, 0.2%<sup>†</sup> chlorhexidine, sets it apart.

They know also that for all **Corsodyl's** clinical heritage its range is adapted for patient-friendliness, with a new spray as the latest innovation.

**Corsodyl** has recently been acquired by SmithKline Beecham Consumer Brands.

Speak to your SmithKline Beecham representative or telephone free of charge 0800-833000 for any further information or requirements.

## CORSODYL

chlorhexidine gluconate

**No Gingivitis. No Contest. No wonder dentists recommend it.**



**PRODUCT INFORMATION** Consult Data Sheet before prescribing. **USE** Inhibition of plaque; treatment and prevention of gingivitis; maintenance of oral hygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of gingival healing following surgery and the management of aphthous ulceration and oral candidiasis. **PRESENTATION** Spray and Mint Mouthwash: A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: A clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: A clear colourless gel containing 1% w/w chlorhexidine gluconate. **DOSAGE AND ADMINISTRATION** Spray: Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. Dental Gel: Brush the teeth with one inch of gel for 1 minute, once or twice daily. **CONTRAINDICATIONS** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **PRECAUTIONS** For oral use only, keep out of eyes and ears. **SIDE EFFECTS** Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Staining can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for complete removal. Stained anterior tooth-coloured restorations which are not adequately cleaned by professional prophylaxis may require replacement. Transient taste disturbances, burning sensation of the tongue and oral desquamation. Very occasional parotid swelling. **PRODUCT LICENCE NUMBER AND BASIC NHS COST** 'Corsodyl' Spray (0029/0230) 60 ml (OP) £2.80 'Corsodyl' Mouthwash (0029/0124) 300 ml (OP) £1.25 'Corsodyl' Mint Mouthwash (0029/0201) 300 ml (OP) £1.25 'Corsodyl' Gel (0029/0080) 50g (OP) £0.83 'Corsodyl' is a trademark. Legal Category P. Date of last revision March 1993. \*Source: Milpra Independent Research, 1992. †Corsodyl Dental Gel contains 1% w/w chlorhexidine gluconate.

**SB SmithKline Beecham**  
Consumer Brands

SmithKline Beecham Consumer Brands, Brentford, TW8 9BD, UK. Tel: 081 560 5151

• a leading authority on oral hygiene.



## Perfect finish

Perfecting Pressed Powder is new from Cover Girl. A finely milled, light-diffusing powder, it helps blur fine lines and imperfections. The powder complements Cover Girl's Perfecting Liquid Make-up. In a mirrored compact, it is available in Translucent Fair and Translucent Medium shades (£4.15). **Procter & Gamble. Tel: 0202 524141.**

## Ricci-Club pampering

The Ricci-Club men's fragrance range has been expanded with the addition of a hair and body shampoo. Designed for men with an active lifestyle, the 2 in 1 product leaves both hair and body clean, soft and fragrant. The shampoo will be available from January at a retail price of £11.25 for 200ml. **Nina Ricci (UK) Ltd. Tel: 071-493 8232.**

## Shaving set from Swains

Swains are offering a selection of six Philips electric shavers. Supplied in a compact display box, the set contains twin and three rotary head models which are battery, mains and rechargeable, or mains/rechargeable. The set costs £147.50, with an RSP of £213.70. **Swains Intl. Tel: 0485 533393.**



## Cussons reposition Graphite range

Cussons are relaunching their Graphite male toiletries range with a new fragrance, redesigned packaging and an improved portfolio of products.

The new look range will be supported by a £1

million television advertising campaign and in-store promotional activity.

The new products include a shower gel and an aftershave gel. **Cussons (U.K.) Ltd. Tel: 061-792 6111.**

## Vantage offers guide dog support

The Vantage tissue promotion, aimed at raising enough money to train at least two guide dogs, is proving a big success, according to AAH, even though it is not even half way through.

For every 10,000 bar codes collected from any product in the Vantage tissue range before New Year's Eve, Vantage will sponsor a guide dog and provide funds for support for the new owner.

Pharmacy customers can either place their bar codes in a collection box on the counter or post

them directly to Vantage at AAH Pharmaceuticals head office in Cheshire.

Participating pharmacies can obtain posters, shelf talkers and consumer leaflets to explain the promotion, as well as a counter collection box. **AAH Pharmaceuticals Ltd. Tel: 0928 717070.**

## Three from Israel

Israeli company Tius Elcon are launching three products onto the UK market through Civette.

The Memotherm 10 (£39.99) is a baby thermometer. To operate, it is clipped to the baby's nappy. It monitors the baby's temperature at 15, 30 or 60 minute intervals. It will warn the parent when the temperature goes either over or under a set limit with a shrill beep.

Gym Man (£59.99) is a training aid which monitors heart rate while the user is exercising.

Sweet Cut (£9.99 for 50) are lozenges designed to stop craving for sweet foods. When sucked the flavoured lozenges coat the tongue with a herbal substance that will make anything sweet eaten seem tasteless and bitter. Effects last for two hours. **Civette UK. Tel: 081-455 2155.**

## Just in time

Braun have extended their range of alarm clocks in time for the Christmas season. The DAB 80 SL (£29.99) features a digital display, snooze facility and adjustable clock face. The AB6 has a large, simple clock face for easy reading. It retails at £12.99. **Braun. Tel: 0932 785611.**

## Take heart

Sterling Health are advertising their heartburn remedy Magnatol with a new £800,000 Press campaign this month. The advertisement will feature in women's magazines and daily papers. **Sterling Health. Tel: 0483 65599.**

## Lasting file

Nail Magic are launching a unique emery file with a rustproof aluminium core. The Everlasting Emery File can be washed with no danger of its surface being ground away. With two different grade surfaces, the file retails at £3.50 for two. **Jica Beauty Products Ltd. Tel: 081-979 0228.**

## Cinema bunny

The Duracell "Boxing Bunny" advertisement is being shown in cinemas nationwide from November until January and as part of the Museum of the Moving Image's advertising exhibition. **Duracell (UK) Ltd. Tel: 0293 517527.**

## Christmas snappers

Unichem are offering discounts on Kodak film this Winter. With orders of ten packs of Kodak Gold II retailers will get 15 per cent discount and one pack of GR 135-24 film free. With orders of 20 packs, customers will get

three free films.

Kodak 100ASA GR 135-24 are on offer at £10.11 for five, 400 ASA GT 135-24 are £10.57 for five and 200 ASA GT 135-24 are on offer at £10.98 for five. **Unichem. Tel: 081-391 2323.**

## Kodak launch slide film addition

Kodak have launched a slide film called Kodak Ektachrome Elite 50.

The slide film is designed for still life photography and portraiture, and incorporates a number of improvements including fine grain, extreme sharpness and realistic skin tones.

Kodak are also offering consumers the chance to win a two-week holiday safari holiday, a trip to Space Camp in Florida or a day's pilot training.

To enter, customers have to purchase a single pack of 35mm Ektar 100 film. Details are inside film boxes. **Kodak Ltd. Tel: 0442 61122.**

## On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CITV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Alka Seltzer:	All areas
Benlylin:	All areas
Cussons Graphite:	U, G, Y, C, LWT, TT, C4
Expression:	C4
Ibuleve:	W, B, Y, A, BskyB
Nicotinell patch:	All areas
Nurofen:	All areas
Slim-Fast cans:	All areas
Synergie Essential Care:	All areas
Togs	GMTV
Vosene:	GTV, STV, B, G, Y, C, TT
Wella Colour Confidence:	GTV, C
Wrigley's Extra & Orbit:	All areas



To encourage trial of their relaunched Gliss Cormimist range, Schwarzkopf are offering consumers a free vent hairbrush with every purchase. **Schwarzkopf. Tel: 0296 314000**



# THE CRÈME DE LA CRÈME



Ever since it was introduced over 40 years ago, Cream E45 has been dominating other therapeutic moisturisers.

At this time, it has about 80% of this market, both in units sold and sterling value.<sup>1</sup> And its rate of sale is 6 times that of the nearest competitor.<sup>2</sup>

It's not just the dry skin market, either. The sales of Cream E45 put it in the top 10 of all pharmacy OTC brands, regardless of product category.<sup>3</sup>

So to all our competitors, hard luck. And to all the pharmacists who support Cream E45, merci beaucoup.



E 4 5 D E R M A T O L O G I C A L S K I N C A R E



# Is the message getting across?

**A blistering attack by Labour MP Kim Howells on the Department of Health's handling of pharmacy issues and the lack of impact of the pharmacy lobby dominated the YPG's annual conference in Cardiff last weekend (see p800). It was not surprising that the topic was the first to be aired at the YPG's "Question Time"**

Labour MP Kim Howells believes the profession's leaders have failed to give pharmacy the

support it deserves. How can this situation be improved? Safeway superintendent pharmacist Julian

Ashley wanted to know.

Government gets its view not only from the profession's leaders but also from community pharmacists, responded Barry Andrews. He is unhappy with the level of contact that pharmacists have with patients.

"About 30 per cent are counselled directly by a pharmacist, but 60 per cent would like to be. Pharmacists need to get closer to patients, but this will require a sea change in attitude," he said.

Pharmacists also have too many representative bodies, he suggested. If they were fewer there would be a more focused approach.

"We talk about a wider role, but it would be better if the current role was discharged properly," said Paul Spencer. He criticised the lack of a second pharmacist in many premises and warned the future hinged on what happens in the community sector.

V'lain Fenton-May also maintained that "deeds count" and that there are too many representative pharmacy bodies. "Politicians can pick and chose where they go to for advice."

From the floor Deborah Metcalfe (Durham) said there was no simple coherent message, while PSNC chairman David Sharpe pointed out that throughout the debate no one had put forward any ideas on what to do in the future.

## What they said...

"The difficulty of being at the cross roads is that other people will build a flyover" *Barry Andrews, Moss Chemists*

"Pharmacy today appears as a collection of disputatious factions and splinter groups, still a 'profession in search of a role' but now a profession unable to choose from a bewildering variety of functions and unable to overcome a variety of barriers to clinical practice."

We will not solve this problem by introspection. It will not help to clarify, list or debate more functions for pharmacy. The element that is missing as we define our role during this transition is our conception of our responsibility to the patient. Some pharmacists have not yet identified patient-care responsibilities commensurate with their extended functions, and the profession as a whole has made no clear social commitment that reflects its clinical functions." *Jon Merrills, DoH, quoting Charles Hepler and Linda Strand (Am J Hosp Pharm vol 37 Mar 1990)*

## What is core role?

Society president Nick Wood said recently that the pharmacist's core function was dispensing prescriptions. YPG chairman Andrew Burr wanted the panel's opinion of what the core activity for pharmacists should be.

While Mike King maintained it has got to remain NHS dispensing, Paul Spencer said the word dispensing needed "total redefinition".

Mike Nelson, speaking from the floor, felt pharmacists needed a mission statement. It is something most successful organisations have, he said, and for pharmacy it could embrace Hepler's definition of pharmaceutical care.

Peter Curphey pointed out that in all the talk of extended roles no one seems to have evaluated what a single pharmacist can reasonably do. "We accept that large commercial organisations run very busy shops with only one pharmacist."

David Sharpe was more blunt: the problem was not a mission statement but getting every pharmacist to act on it.



RPSGB Council member and CPPE director Alison Blenkinsopp was in the chair for YPG's "Question Time" supported by panellists (left to right) Paul Spencer (head of Welsh School of Pharmacy), Mike King (assistant secretary, PSNC), Barry Andrews (managing director, Moss Chemists) and V'lain Fenton-May (all-Wales specialist pharmacist, quality control)

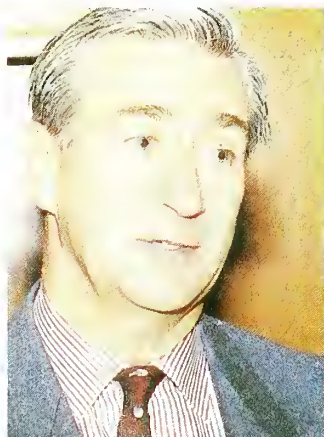
## Where are you?

The pharmacists' voice is not being heard by FHSAs and it is largely their own fault, says Michael Jenkins, general manager of Mid-Glamorgan FHSA.

Mid-Glamorgan has 50 or so "health gain groups" each of

a primary care team with three core members - doctor, nurse practitioner and pharmacist. "That is what we are trying to push for in my FHSA," he said.

Currently such a partnership is not possible, but the time is coming when it will be, he believed. "But pharmacists have got to change their attitudes first and change their profile. It is no good waiting for a GP to come to you. You have got to make them aware of your 'value added' you can provide."



Michael Jenkins, general manager of Mid-Glamorgan FHSA

eight to ten people, but there are few pharmacists on them, he said. "What were pharmacists doing when the NHS and Community Care Act came in in 1990. Where were your representatives?" he asked.

"You are stuck on the rock of reimbursement. You have got to get away from that," he warned.

There is an opportunity for pharmacists to create a niche and sell a message to the health care industry and the public, but it is something pharmacists are very bad at doing.

Mr Jenkins held out a vision of

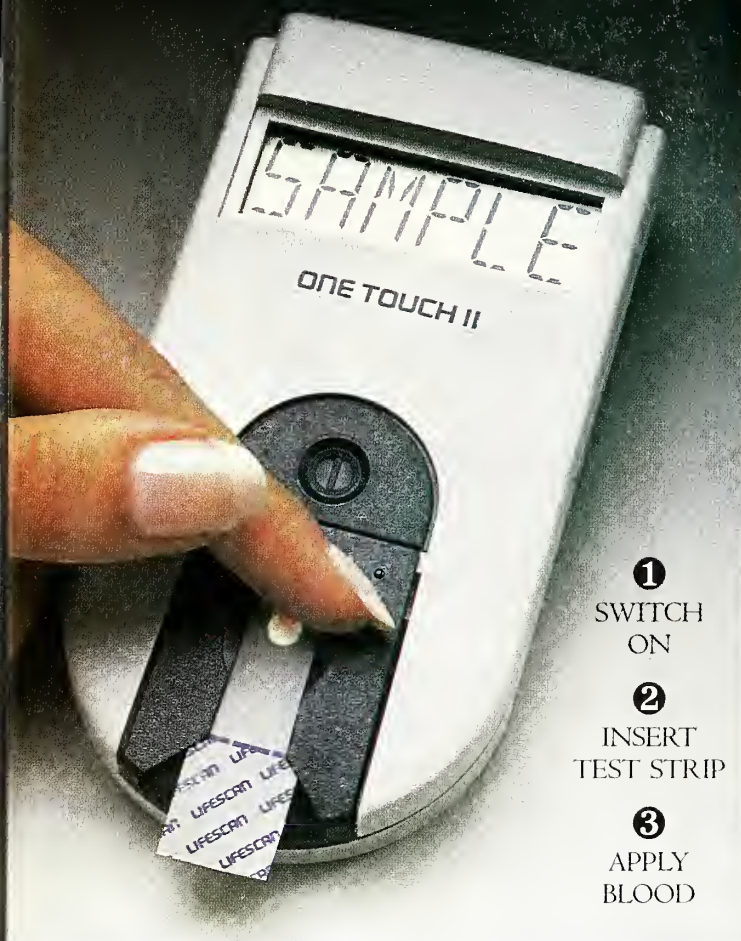


Moss Chemist managing director Barry Andrews keeps his own counsel as young pharmacists vote in Sunday's formal debate. DoH deputy chief pharmacist Jon Merrills (right) spoke for the motion that "Patient registration within community pharmacy will improve the quality of pharmaceutical services for the nation", which was opposed by PSNC chairman David Sharpe. Patient registration will enhance a patient's trust in their pharmacist, maintained Mr Merrills. It would not be an inconvenience since 96 per cent of patients use the same pharmacy all or most of the time. The idea is supported by 90 per cent of patients, and would provide continuity of care and reduce prescribing errors. David Sharpe maintained that similar benefits could accrue from patient medication records, and that registration would lead to a bureaucratic capitation type system of remuneration. The conference, which was asked to vote on the quality of the arguments presented rather than express a personal view, carried the motion by a whisker with 42 for and 41 against

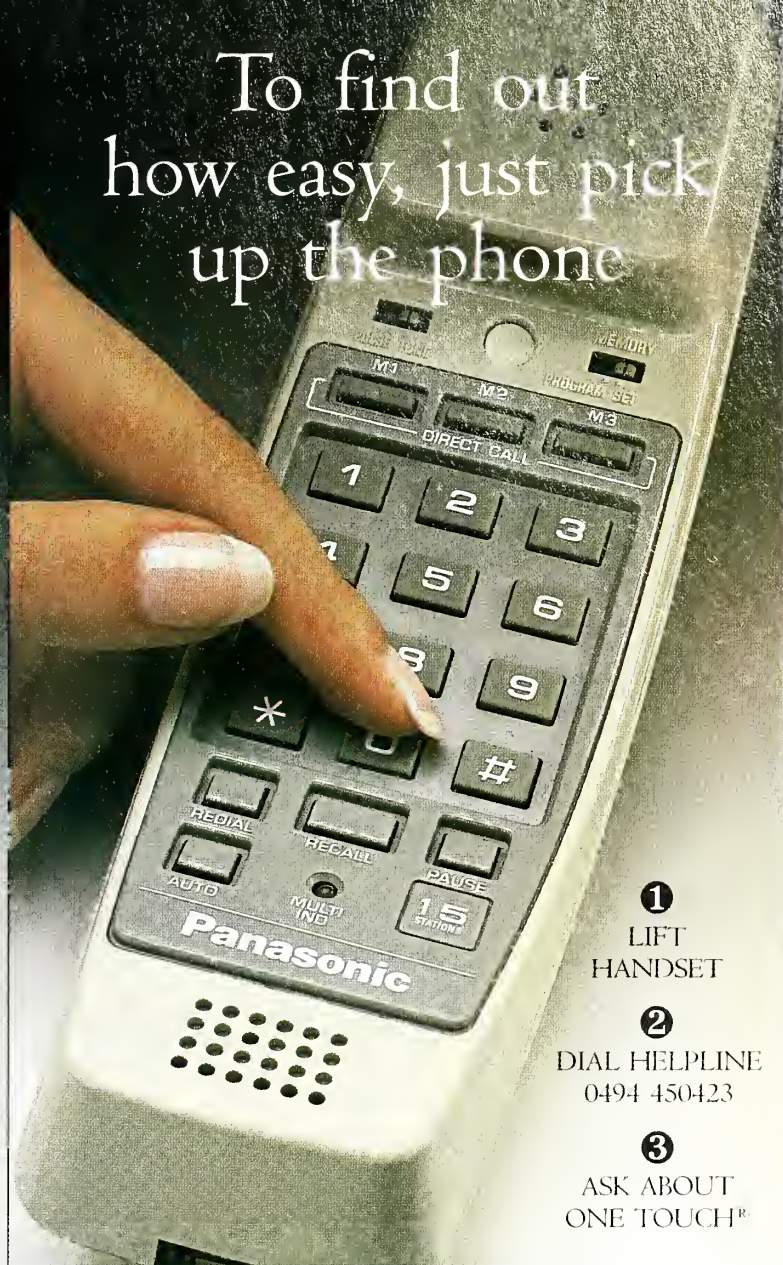


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Your local GP practice invited you to discuss their thiazide diuretic prescribing and have provided you with their Level 3 PACT practice aggregated report for cardiovascular drugs (see table). The two partner practice has just over 3,000 patients registered with them, most of whom are elderly.

Working within the local community, you are only too aware of the high deprivation and unemployment that exists within the area. With the large number of pharmaceutical representatives that drop into your pharmacy after appointments with the GPs and the wide variation in prescribing habits, you feel that the practitioners are influenced by the pharmaceutical industry.

You are not surprised to find from the PACT data that the partners are high generic prescribers (61 per cent) compared to only 42 per cent across the FHSA. From dispensing their prescriptions you notice that both partners often prescribe diuretics as a first line treatment for hypertension although many patients are on multiple antihypertensive treatments.

There are three possible approaches:

- Generic prescribing
- Cost-effective advice
- Therapeutic advice

## Generic prescribing

Given that to talk simply about generic prescribing requires little preparatory work, you call in that evening after surgery and inform the practice that to prescribe Moduretic generically would marginally reduce drug expenditure given the low usage whereas writing Natrilix and Navispare generically would make no difference to prescribing costs.

You suggest that by writing the approved name the practitioners would be more accustomed to the actual drug prescribed. You reassure the GPs on the quality of the generic products you dispense and agree to ensure continuity by using the same generic manufacturer wherever possible. Following your meeting the practice agree to discuss other areas where generic prescribing may be possible so as to reduce drug expenditure.

## Lost opportunity

Encouraging generic prescribing alone offers few, if any, opportunities for pharmacists to develop their role. Such a cost driven approach requires no therapeutic knowledge whatsoever and certainly fails to make full use of a pharmacist's expertise.

Despite such drawbacks, this

is an approach that too many FHSA advisers appear to adopt. In this example, if the practice had simply implemented a generic prescribing policy for all diuretics, then the actual saving for that quarter would have been less than £5. Changing the proprietary name to the generic name on prescriptions could also have resulted in more than 200 confused patients. The only caveat might be if such changes were restricted to certain diuretics such as co-amlozide for which generic preparations are available.

## Cost-effectiveness

Prior to the meeting with the GPs, you ask your local drug information centre for comparative data on bendrofluazide, indapamide and metolazone. You conclude from this information that bendrofluazide is as effective as indapamide in the control of blood pressure despite the marked difference in net ingredient cost.

During the meeting you are able to demonstrate a working knowledge of cost-effective prescribing and the GPs are eager to develop some of your suggestions. As a result the practice invite you to advise them on a regular basis about the cost-effectiveness of the latest products the local pharmaceutical representatives have been promoting.

## Therapeutic advice

Before meeting with the GP practice, you contact your local hospital drug information centre for some background literature on diuretic prescribing and discuss with the formulary pharmacist the rationale for inclusion of the hospital formulary diuretics.

The hospital pharmacist tells you that the diuretics were selected by the local consultant and approved by the Drug and Therapeutic Committee. In terms of the preparation stocked in the hospital pharmacy, the pharmacist informs you that this is dependent upon the hospital contract price and not community prices, using Frumil as an example.

You then contact your local FHSA pharmaceutical adviser who, after gaining the permission of the GPs concerned, provides you with some demographic data and an insight into how practitioners prescribe throughout the area. This gives you an idea of how the practice compares to others throughout the authority. Together you prepare a presentation of the practice and FHSA aggregated data to help facilitate discussion (see

# Illustrating formulary development

The level at which the discussion with the local GP practice is pitched will be one of the major factors that determines how your role and relationship with the practice develops. Some approaches may result in financial savings to the practice but you will fail to secure for yourself a long term role as an adviser on optimal drug therapy. In the second of a three part series, Andrew Burr and Richard Lewis discuss the various approaches open to community pharmacists and illustrates likely outcomes using actual Prescription Analyses and Costs (PACT) data

## PACT report for cardiovascular drugs

	Cost (£.p)	Items
<b>Diuretics</b>	<b>2,880.34</b>	<b>1,160</b>
<b>Thiazide and related</b>	<b>174.63</b>	<b>124</b>
<b>Bendrofluazide</b>	<b>6.22</b>	<b>92</b>
Bendrofluazide tab 5mg	6.22	92
<b>Indapamide</b>	<b>161.06</b>	<b>29</b>
Indapamide tab 2.5mg	27.71	5
Natrilix tab 2.5mg	133.35	24
<b>Metolazone</b>	<b>7.35</b>	<b>3</b>
Metolazone tab 5mg	7.35	3
<b>Loop diuretics</b>	<b>47.27</b>	<b>142</b>
<b>Potassium-sparing diuretics</b>	<b>684.99</b>	<b>303</b>
<b>Potassium-sparing diuretics and compounds</b>	<b>1887.32</b>	<b>539</b>
<b>Amiloride with thiazides</b>	<b>382.17</b>	<b>164</b>
Navispare	382.17	164
<b>Co-amlozide</b>	<b>7.53</b>	<b>3</b>
Moduretic tab	7.53	3
<b>Triamterene with thiazides</b>	<b>246.72</b>	<b>110</b>
Dyazide tab	246.72	110
<b>Diuretics with potassium</b>	<b>86.13</b>	<b>53</b>
<b>Bendrofluazide/potassium</b>	<b>2.26</b>	<b>4</b>
Neo-Naclex-K tab	2.26	4
<b>Chlorthalidone/potassium</b>	<b>15.01</b>	<b>16</b>
Hygroton-K tab	15.01	16

Source: PACT Level 3 Practice Aggregated data January - March 1992. Only thiazide and related diuretics data shown

Continued on p11



Continued from pi

graphical presentation).

Finally, you recall a recent pharmacy postgraduate continuing education seminar on the management of hypertension which suggested:

- The pathology of essential hypertension changes with age as does the patients response to various drug treatments, ie  $\beta$ -blockers and ACE-inhibitors tend to be more effective in younger hypertensives whereas in the elderly thiazides or calcium-channel blockers are often more appropriate.

- Over 85 per cent of hypertensives should respond to monotherapy.

- There is little rationale for increasing the dose of bendrofluazide from 2.5mg to 5mg since this often fails to provide additional blood pressure control yet leads to a marked rise in the incidence of adverse effects.

- Patients with a family history of diabetes should not be prescribed a thiazide diuretic.

- Hypokalaemia with diuretics is not as common as some GPs believe. Whilst serum potassium may fall during the first weeks of treatment, it is transient and will stabilise. There is little evidence to show that a stable serum potassium  $>3.3\text{mmol/litre}$  is cause for concern in the majority of patients. Hyperkalaemia due to inappropriate use of potassium-sparing and combination diuretics may be more of a problem.

## Presenting data

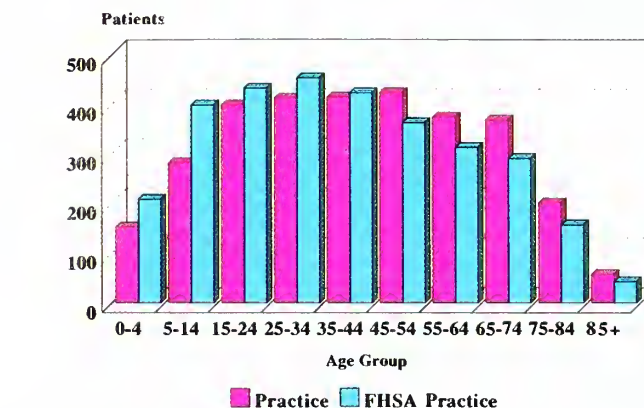
After assimilating all the information you make an appointment to see the GPs. You use the graphic presentation to highlight real differences which generates a wide ranging discussion on the relative efficacy, safety and appropriateness of diuretic treatment. The FHSA's Independent Pharmaceutical Adviser has given you some insight into the prescribing habits of GPs from the FHSA aggregated PACT report and your local drug information has provided some key papers on the rational use of diuretics.

Presenting the demographic analysis of the practice, you are able to highlight that the practice has a larger elderly population than the FHSA comparator (Figure 1). As such you anticipate a higher prescribing of cardiovascular drugs, in particular diuretics (Figure 2). You are able to show that the practice tends to prescribe the higher strength of bendrofluazide and indapamide (Figure 3). Using the graphs solely as a focal point to stimulate discussion on the effective use of medicines, the GPs will invariably respond as the approach is both personalised and quality rather than cost-driven.

At the end of the meeting you present some of the prescriptions you have dispensed over the previous week to highlight some of the issues. You identify a number of patients on thiazide diuretics

Figure 1

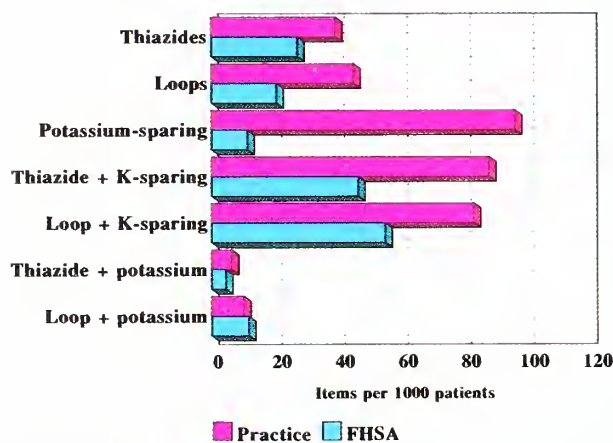
## Demographic Analysis of Practice and the FHSA Average Practice



Source: FHSA patient register (March 1992)

Figure 2

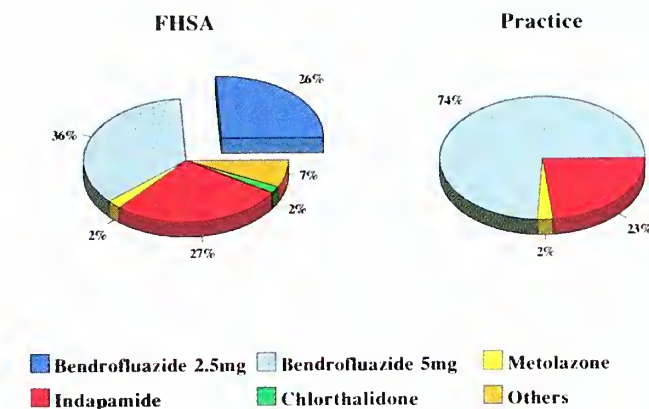
## Diuretic Prescribing per 1000 Patients



Source: PACT (quarter ending March 1992)

Figure 3

## Thiazide Diuretic Prescribing



Source: PACT (quarter ending March 1992)

who are also taking NSAIDs or an oral hypoglycaemic agent and are able to illustrate some of the therapeutic points you have raised using some of the practice's own patients.

## Recognition

The practice recognise your knowledge of therapeutics and are keen to utilise your skills

further so as to optimise treatments on an individual patient basis. Together you agree to review all patients on repeat medication and advise on appropriate action, leading to definite outcomes that would improve a patient's quality of life. You agree a referral system whereby you will identify and tell the GPs

about patients with potential drug-related problems.

Further meetings are arranged to discuss a possible role in diagnostic screening and to explore ways of enabling you to get patients seen quickly by the GPs should you deem it necessary and establishment of some practice prescribing guidelines.



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**Uses:** The reduction of elevated intra-ocular pressure in conditions such as: ocular hypertension, patients with chronic open-angle glaucoma (including aphakia), secondary glaucoma. **Dosage and Administration:** Usually one drop of 0.25% solution in the affected eye(s) twice a day. May be increased to one drop of 0.5% solution in the affected eye(s) twice daily. **Contra-indications:** Bronchial asthma, history of bronchial asthma or severe chronic obstructive pulmonary disease; sinus bradycardia, second and third degree AV block, overt cardiac failure, cardiogenic shock, and hypersensitivity to beta-blocking agents. **Precautions:** Adverse reactions seen with systemically administered beta-blockers may occur. Cardiac failure should be adequately controlled before beginning therapy. History of severe cardiac disease requires monitoring for cardiac failure and checking of pulse rates. Respiratory and cardiac reactions, including death, have been reported. Patients using 'Glaucol', while already receiving an oral beta-blocker, may have an additive effect on IOP or on known effects of systemic beta-blockade. Reported incidence of skin rashes and/or dry eyes is small, and usually clear on withdrawal. If such reactions occur, beta-blockers should be withdrawn gradually. Mydriasis has occasionally been reported when 'Glaucol' is given with adrenaline. Small amounts of 'Glaucol' may add to the effect of oral calcium antagonists, rauwolfia alkaloids or beta-blockers to induce hypotension and/or marked bradycardia. **Children:** Not recommended. **Nursing:** Mothers should stop nursing or stop using 'Glaucol'. Not studied in pregnancy therefore should only be used if benefits outweigh possible hazards. **Side Effects:** Ocular irritation, including conjunctivitis, blepharitis, keratitis, and decreased corneal sensitivity. Visual disturbances, including refractive changes (due to withdrawal of miotic therapy in some cases), diplopia, and ptosis. Bradycardia, arrhythmia, hypotension, syncope, heart block, cerebrovascular accident, cerebral ischaemia, congestive heart failure, palpitation, and cardiac arrest. Bronchospasm (predominantly in patients with pre-existing bronchospastic disease), respiratory failure, and dyspnoea have been reported. Headache, asthenia, nausea, dizziness, depression, and hypersensitivity reactions including rash and urticaria. Adverse events have been reported, but a causal relationship not established, eg. ACMD, dry mouth, nasal congestion, anorexia, dyspepsia. CNS effects (psychiatric disturbances), hypertension, and retroperitoneal fibrosis. **Basic NHS Cost:** 0.25% 'Glaucol' Ophthalmic Solution \$5.18 per pack of 30 unit dose vials. 0.5% 'Glaucol' Ophthalmic Solution \$5.82 per pack of 30 unit dose vials. **Product Licence Numbers:** 'Glaucol' ophthalmic solution 0.25% 10674/0001 'Glaucol' ophthalmic solution 0.5% 10674/0002. **Legal category:** POM. Baker Norton Ltd, Gemini House, Flex Meadow, Harlow, Essex CM19 5JJ. Glaucol is a trade mark. Prepared Aug. 1993.



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Epilepsy is derived from a Greek word meaning "to take hold of" which reflected the belief that the symptoms of the disease were akin to possession by the devil. This idea persisted in Europe until the 18th century. In the US the last state to repeal its statute prohibiting the marriage of epileptics was West Virginia — in 1970. This was despite evidence that the incidence of transmission to offspring is usually low and dependent on the type of epilepsy suffered.

The social consequences of epilepsy are diverse. Anyone suffering from seizures is banned from driving unless they have been free of seizures during waking hours for a minimum of two years. This effectively rules out careers where driving is essential but epileptics may also find it difficult to obtain work in nursing, teaching, the armed services or police force.

Insurance is another area where epileptics face problems. Some life assurance companies load premiums for sufferers making pensions and life insurance more expensive.

Some individuals can develop psychological problems as a result of the social stigma of epilepsy and it has been reported that suicide is five times more common in epileptics than in the normal population.

## Incidence

Epilepsy affects some seven million people in Europe. Around 5 per cent of the population have at least one epileptic attack, 3 per cent are at risk of recurrent seizures at some time and about one in 1,000 have active epilepsy.

In the UK about 80 people each day experience their first epileptic attack and around 340,000 are on medication for their condition.

## Aetiology

Each seizure is characterised by short, recurrent, disturbances of motor function, sensation, behaviour or emotion and result from an abnormal, excessive electrical discharge of neurones in the brain. The discharge may spread locally to neighbouring groups of neurones, where the effect may be one of excitation or inhibition. The site of origin of discharge is termed the focus.

Normal functioning of the central nervous system (CNS) involves a fine balance between the action of excitatory and inhibitory neurotransmitter systems. The two principal neurotransmitters, with respect to these two systems are L-glutamate (excitatory) and gamma-amino-butyric acid (GABA, inhibitory). When the balance between the two systems is altered then epilepsy can result. It has been suggested that GABA may block the hyperexcitability of neurones that leads to epileptic discharges.

The signs and symptoms of an epileptic attack depend on the neurones affected by the electrical discharge. If the

discharge remains confined to a small part of the brain cortex, and is of short duration, it may not lead to any symptoms. When the motor system is involved there is a loss of voluntary power. If the discharge is confined to sensory areas the person may sense lights, noise or smells. When a large part of the cortex or specific parts of the reticular activating system are involved then the person loses consciousness.

## Types of epilepsy

There are several types of epilepsy based on the origin of discharge.

In *focal epilepsy* the discharge is confined to one portion of the cortex. When it is specifically confined to the motor area it is called *Jacksonian epilepsy* and when confined to the part of the brain connected with mood it is termed *psychomotor epilepsy*.

A focal seizure may spread to involve the whole cortex and cause a fit with unconsciousness, convulsions and incontinence. This is termed a *grand mal*, or major, seizure. When the spread from an initial focus is slow there is an aura or warning sensation which may take many forms: flashes of light, noises in the ears, a taste, a smell, a dreamy state or an epigastric sensation.

In *idiopathic epilepsy* there may be multiple foci or a varying focus or such rapid spread over the cortex that an aura is often absent. *Status epilepticus* where grand mal seizures occur without intervening recovery of consciousness can be fatal.

The convulsive attack begins with a general tonic spasm (a state of partial and continuous contraction of muscle) which is followed by clonic spasms (a series of contractions and relaxations of the muscle).

*Petit mal*, or minor, attacks are more common in children and they are signified by a momentary lapse of consciousness, without muscular spasm. It usually lasts around 15 seconds. *Myoclonic epilepsy* produces brief jerky movements without loss of consciousness. It is very resistant to drug treatment.

A patient may have more than one type of epilepsy. Grand mal alone or in conjunction with petit mal or psychomotor epilepsy accounts for over 70 per cent of all cases of epilepsy. Psychomotor epilepsy alone accounts for around 15 per cent of cases and petit mal for about 10 per cent.

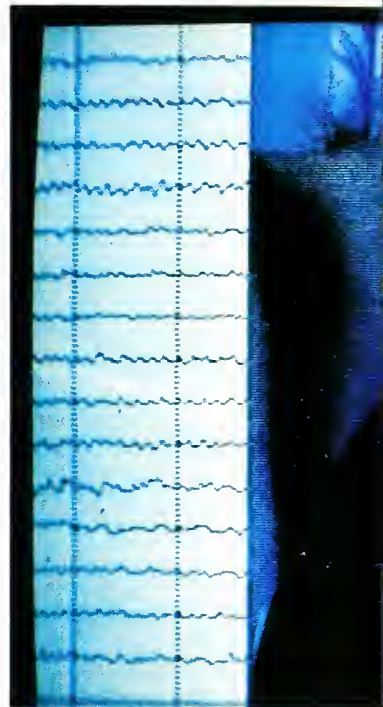
Uncontrolled epilepsy is a significant problem as some 10 to 20 per cent of patients do not respond to traditional therapies.

## Therapies

During Hippocrates' time, around 400 BC, treatments for epileptics included hippopotamus testicles and tortoise blood. In the 17th century treatment was with enemas and purgatives, the standard treatment to rid the body of demons.

# Epilepsy: a br

**Epilepsy is the second most common neurological disorder after stroke. Despite this, diagnosis still carries a social stigma, a ban from driving and possible difficulty in gaining employment. However, in the last four years a number of new treatments have been introduced and further products are in development. Marianne Mac Donald gives an insight into this condition and current therapy options**



Pictures courtesy The National Society for Epilepsy

By the 18th century the demonic origin was superseded by the notion that it was due to sexual excess and masturbation. The treatment for male epileptics in the late 19th century was castration.

## Established drugs

Therapy has improved considerably since then. There was a 15 year gap in new drug development but the past four years has seen a flurry of activity with the introduction of three new drugs, one about to enter the market and at least another eight in development. However, all these new drugs are licensed as add-on therapies and so older medications still

form the backbone of treatment.

### ● Phenobarbitone

Phenobarbitone became available in 1912 and was the drug of choice in epilepsy until phenytoin was introduced. Phenobarbitone is used in all forms of epilepsy except petit mal and status epilepticus.

Barbiturates enhance the inhibitory effect of GABA by interacting with GABA receptors function at one of the GABA receptors, the GABA<sub>A</sub>.

Drowsiness is often a side-effect but this disappears with continued treatment. In general, the long-acting sedative barbiturates have anti-epileptic activity in doses



# ghter future?



below those that produce heavy sedation.

- **Primidone** Primidone is largely metabolised to phenobarbitone in the body. Its other metabolite, phenylethylmalonide, is also said to have an anti-epileptic action.

Aside from drowsiness, the barbiturates also cause mental depression, ataxia and allergic skin reactions. There is also the danger of overdose, which can be fatal. Rebound seizures can cause problems on withdrawal.

- **Phenytoin** Phenytoin was introduced into clinical practice in 1938 and immediately became the first

line therapy. Phenytoin is still the most commonly prescribed anti-epileptic in the US as it is by far the cheapest therapy. It is effective in tonic-clonic and partial seizures.

Phenytoin appears to stabilise excitable membranes by blocking sodium channels, rather than raising the seizure threshold. It prevents the spread of seizure activity but has no action on the primary focus of discharge.

Phenytoin has a narrow therapeutic window and non-linear pharmacokinetics. Therefore, in some patients, small increases in dosage can cause large rises in plasma concentrations with toxic side

effects.

Phenytoin's side effects range from headache, dizziness, vomiting and tremor to lupus erythematosus and gingival hypertrophy. In addition, it can cause acne and hirsutism which may make it unsuitable for adolescent patients.

- **Benzodiazepines** Benzodiazepine compounds such as diazepam, nitrazepam and clonazepam are useful in myoclonic epilepsy and status epilepticus. Clonazepam is more active and rapid in onset than the other benzodiazepines. However, the BNF states that the effectiveness of all benzodiazepines may decrease considerably after weeks or months of therapy.

Their mechanism of action involves enhancement of GABA<sub>A</sub>-receptor function. In the brain the benzodiazepine receptors are identical to the GABA<sub>A</sub> receptors. Benzodiazepines increase the frequency of opening of GABA-occupied receptors, thereby potentiating inhibitory chloride currents.

Due to their activity as hypnotics, the benzodiazepines produce side effects such as drowsiness, fatigue and dizziness. Overdosage can be a problem and treatment must not cease suddenly.

- **Carbamazepine** Carbamazepine was introduced into the UK as an anti-epileptic in 1967 and is related to the tricyclic anti-depressant imipramine in structure. Although imipramine boosts monoamine concentration in the central nervous system it is not known whether carbamazepine's ability to do this contributes in any way to its anticonvulsant action. It is first choice for the treatment of tonic-clonic seizures and complex partial seizures.

Carbamazepine reduces sustained, high-frequency repetitive firing of neurones by blocking sodium channels.

Carbamazepine's side effects include drowsiness, headache, gastro-intestinal and visual disturbances, anorexia and impotence.

Some of these are dose-related and may be reduced by altering the timing of the medication. Some 10 per cent of patients on carbamazepine develop skin rashes. Caution must be used in sudden withdrawal.

- **Sodium valproate** Sodium valproate was introduced in the late 1970s and has become the drug of choice in myoclonic seizures. It is also used in atypical absence, atonic and tonic seizures.

Like phenytoin and carbamazepine, it blocks sodium channels and is also thought to enhance the release of GABA from GABA-ergic neurones and inhibit the metabolism of GABA in the brain causing an increase in its concentration.

The drug has widespread metabolic effects which cause weight gain as well as gastric irritation, transient hair loss, impaired hepatic function and oedema.

- **Ethosuximide**

Ethosuximide has a specific action in petit mal seizures, suppressing the paroxysmal spike and wave pattern. The frequency of attacks is reduced by increasing the threshold of the CNS to convulsive stimuli.

The side effects experienced with ethosuximide are generally mild and transient. These include drowsiness, dizziness, gastro-intestinal disturbances and hiccup.

## Pregnancy

Any woman taking anti-epileptics, such as phenytoin, barbiturates, primidone and carbamazepine, which induce the hepatic cytochrome P450 enzyme system will require higher doses of oral contraceptives to be effective. The Family Planning Clinic recommends that epileptics take combined oral contraceptives containing at least 50mcg of oestrogen. The progestogen-only pill should be taken at double the dose.

There is a risk of teratogenicity in those women that do fall pregnant while taking anti-epileptic drugs. Phenytoin in particular can produce congenital abnormalities such as cleft lip/palate and heart malformations. An increase in seizure frequency has been noted in pregnant epileptics taking phenytoin.

Spina bifida has been noted in children of women receiving carbamazepine but it is not known whether this is as a consequence of taking the medication, although folic acid deficiency in pregnancy has been aggravated in treatment with anti-epileptics.

The most important risk with sodium valproate is neural tube defects. The incidence during the first trimester is estimated to be about 1 per cent.

All anti-epileptics may suffer from reduced absorption during pregnancy and increased blood volume may make it necessary to adjust the dose. All anti-epileptics are excreted in breast milk. Most are in concentrations too small to be harmful but phenobarbitone and primidone cause drowsiness in breast-fed infants.

## New generation

The newer drugs coming onto the market are increasingly being designed to incorporate knowledge of neurotransmission.

The first new drug available in the UK was the GABA analogue vigabatrin (Sabril) which appeared in 1989. This was succeeded two years later by lamotrigine (Lamictal) and last year by another GABA analogue gabapentin (Neurontin).

- **Vigabatrin (Sabril)** Vigabatrin, the first of the new generation anti-epileptics appeared in 1989. It is a selective, irreversible inhibitor of the enzyme GABA-transaminase resulting in an increase of GABA levels in

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the brain. It is indicated for the treatment of epilepsy which is not satisfactorily controlled by other anti-epileptics. Some patients may experience an increase in seizures, an effect most common in patients who suffer myoclonic seizures.

The reported side effects are probably due to the increase of GABA in the brain. Patients have reported drowsiness (this decreases on continued administration), nervousness and dizziness.

One notable feature of vigabatrin is that no clinically significant interactions have been seen with other anti-epileptics because it is renally cleared and so does not induce hepatic enzymes.

● **Lamotrigine (Lamictal)**  
Lamotrigine inhibits the pre-synaptic release of the excitatory neurotransmitter glutamate.

It is indicated as an adjunctive therapy for partial seizures and secondarily generalised tonic clonic seizures not adequately controlled by other drugs.

Side effects include skin rashes, blurred vision, headaches, dizziness, drowsiness and aggression and irritability.

Unlike vigabatrin, lamotrigine undergoes hepatic clearance resulting in significant interactions with other anti-epileptics such as phenytoin, carbamazepine, phenobarbitone and primidone which all increase its metabolism.

● **Gabapentin (Neurontin)**  
Gabapentin is an analogue of GABA but it differs from existing anticonvulsants in that it does not act at GABA-ergic or glutamergic synapses.

It is licensed as an add-on therapy for partial seizures with or without secondary generalisation and appears to be effective in those people who have refractory partial seizures.

It is cleared renally and so has no interactions with other anti-epileptics. Another important feature of the drug is that it does not interact with oral contraceptives.

The most common side effects occur in the CNS and include drowsiness, dizziness, fatigue and ataxia. They tend to be transient with only mild to moderate severity.

## Felbamate

Schering-Plough expect their new anti-epileptic, felbamate, will be available in the UK from the middle of next year. Unlike the other new therapies clinical trials have been conducted on its use in monotherapy.

It is structurally similar to, but pharmacologically distinct from, the anxiolytic meprobamate. It is effective against partial seizures with some activity in secondary generalised fits. Its exact mechanism of action is unknown.

However, felbamate's main problem is that it interacts with other anti-epileptic drugs including phenytoin, sodium valproate and carbamazepine.

The few side effects, reported from the initial trials, include gastro-intestinal and central nervous complaints and significant weight loss.

Schering-Plough are about to make felbamate available on a named-patient only basis where doctors feel their patients may benefit from its use.

Felbamate has recently been approved by the Food and Drug Administration in the US as monotherapy or adjunctive therapy for treating partial epileptic seizures in patients aged 14 and over. It is the first new antiepileptic drug to be marketed in the US in 15 years.

## Looking ahead

Ciba-Geigy have introduced the pro-drug oxcarbazepine in several countries, but there are no immediate plans to introduce it to the UK. Although oxcarbazepine is an analogue of carbamazepine, it is metabolised differently and does not induce hepatic enzymes. It acts by blocking sodium channels.

There is no difference in efficacy between the two drugs but oxcarbazepine is better tolerated than carbamazepine.

There are further, experimental anti-epileptic drugs, some of which have been marketed in other countries. These include zonisamide (marketed in Japan), stiripentol, ralitoline and remacemide.

Despite all the available information, clinicians are confused about when these new drugs should be used in practice. All are currently licensed for use in addition to established therapies.

If they gain licenses for monotherapy will clinicians choose to go with the new drugs or will they play safe and continue prescribing the established therapies they have more knowledge of?

## Causes of epilepsy

Epilepsy is divided into symptomatic or idiopathic causes.

### Symptomatic

- Brain damage at birth (the most common cause)
- Metabolic disturbances (hypoglycaemia, uremia and hypoxia)
- Infections (encephalitis or meningitis)
- Toxins (alcohol, tranquilisers and hallucinogens)
- Vascular disturbances (haemorrhage or hypotension)
- Head injuries
- Brain tumours and abscesses

### Idiopathic

Most epileptic seizures are idiopathic with no demonstrable cause although genetic factors may be a major influence

# Helicobacter pylori: where are we now?

**The traditional management of duodenal ulcer has been called into question with the discovery that eradicating *H. pylori* might be more important than acid suppression. Adrienne de Mont looks at the current state of play.**

*Helicobacter pylori* is now known to play a major part in the development of peptic ulcer disease.

## Incidence

The bacterium is present in over 90 per cent of duodenal ulcer patients and 70 per cent of those with gastric ulcer. It is accepted as a major cause of chronic gastritis, which in turn can lead to ulceration as the gastric mucosa becomes more susceptible to acid attack. Long-term infection has been linked with gastric cancer.

Between 30-40 per cent of adults are infected and the incidence increases with age, but not all those infected will go on to develop peptic ulcer disease.

The organism is found on the surface of stomach cells, under a thin layer of gastric mucosa, and in the duodenum of duodenal ulcer patients where it settles on patches of gastric mucosa which grow there inappropriately. As yet, no-one knows exactly how *H. pylori* causes ulcers.

## Duodenal ulcer

Most duodenal ulcers can be healed efficiently by short courses of acid-suppressing agents, but the relapse rate is high. While patients who experience one or two relapses a year can be managed with episodic treatment, some patients need continuous low-dose maintenance therapy. The dilemma is knowing when treatment should be prolonged.

Says Dr Graeme Kerr of Royal

Shrewsbury Hospital: "Many patients with duodenal ulcer do not relapse frequently so in theory they do not need long term treatment. The problem is, you don't know if an ulcer will be a frequent aggressive relapser or not; 30 per cent of patients will bleed from their recurrent ulcer at some time in their lives. This may be particularly dangerous in older people who are at risk of serious complications."

## Relapse

Eradicating *H. pylori* significantly reduces the chance of relapse. Studies have shown that about 80 per cent of duodenal ulcer patients who are *H. pylori* positive when healed will relapse within a year compared with only 10 per cent who are *H. pylori* negative when healed.

Although no-one is sure how the infection becomes established, once eradicated properly the re-infection rate seems to be low.

## Triple therapy

Initially, eradication regimens centred on triple therapy using bismuth compounds, metronidazole and either tetracycline or amoxycillin which is effective in up to 90 per cent of cases. But as many as 30 per cent of patients experience troublesome side effects and these, combined with the need to take large numbers of tablets every day, reduce compliance so that

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PRODUCTS



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success rates can fall when patients are not constantly urged to persevere.

There is also a risk of resistance developing towards metronidazole, so research is now concentrating on developing a simpler, well-tolerated metronidazole-free regimen.

### Double therapy

Studies have shown that omeprazole (40-80mg daily) combined with amoxycillin (1.5g-2g daily) or clarithromycin (1.5g daily) can eradicate *H. pylori* in 80-90 per cent of patients with duodenal ulcer. Twelve months later, most patients who tested negative at healing had not relapsed whereas those who were *H. pylori* positive had experienced ulcer recurrence. So far there is no evidence of the bacterium developing resistance to amoxycillin, and omeprazole more rapidly reduces ulcer symptoms than bismuth compounds.

Control of acid secretion is still considered to be important as reduced acidity may make the organism more sensitive to the antibiotic and the antibiotic may work better in less acidic conditions. Omeprazole alone has been found to have some activity against *H. pylori*, so there may be some synergy between the two compounds.

A major international research programme is under way to determine the optimum combination of omeprazole and antibiotic.

### Role of ranitidine

Two studies using ranitidine, amoxycillin and one other antibiotic have shown eradication of *H. pylori* in 81 per cent and 90 per cent of patients, although ranitidine itself does not have any antibacterial activity. Further trials are continuing.

Glaxo are also carrying out clinical trials with ranitidine bismuth citrate, given alone or with antibiotics. Work in their microbiology division is focusing on the development of a well-tolerated single agent which would act against *H. pylori* without affecting the normal gut flora.

A compound which is active against the bacterium *in vitro* is not necessarily active *in vivo* and Glaxo's researchers are trying to determine whether these novel compounds can be delivered through the gastric mucus ("topical") or whether they are more effective when secreted into the stomach lumen from the blood ("serosal").

### Detection

*H. pylori* can be detected by taking biopsies during endoscopy, laboratory culture and serological testing from blood samples.

Cortecs Diagnostics recently introduced Helisal which detects antibodies to the organism in saliva. They believe that this simple, non-invasive test has similar accuracy to



P. Hawton, University of Southampton/ Science Photo Library

blood tests and may reduce the need for endoscopy — with considerable savings in cost as well as discomfort to patients.

But some gastro-enterologists are cautious about its use, as GPs may be misled into thinking that an *H. pylori* positive patient with an abdominal pain must have a duodenal ulcer and therefore needs eradication treatment, when this might not necessarily be the case.

Says Dr Graeme Kerr: "About 50 per cent of people over the age of 50 will be *H. pylori* positive but most will not have an ulcer. Widespread treatment of these *H. pylori* positive/ulcer negative patients would lead to widespread antibiotic abuse and unnecessary cost."

### Vaccination

Cortecs are one of the companies looking into the

possibility of vaccines against *H. pylori*, and are working closely with the Australian Institute for Mucosal Immunology where there is much interest in the subject, particularly as there is growing evidence of a link between *H. pylori* and gastric cancer.

### Infection

But Cortecs consultant Dr Alex Yule believes it will be a long haul. The organism is unusual in that it lives in a restricted place and the infection mostly occurs in early childhood, so that by the time symptoms of peptic ulcer disease appear the patient has already developed antibodies.

A vaccine would probably have the most value when given prophylactically in early childhood, says Dr Yule. But he stresses that research is still at a

very early stage, using animal models.

### Looking ahead

So is *H. pylori* eradication the way of the future? Certainly there is an increasing belief in its importance in duodenal ulcer and a feeling — although not as strong — that it is important in gastric ulcer. The organism is not implicated in ulcers caused by non-steroidal anti-inflammatory agents nor in reflux oesophagitis, where acid-suppression will still play a major role.

The main problem is there is as yet no simple way to eradicate *H. pylori* and until better single agents are available, eradication is likely to be reserved for patients in whom conventional therapies have failed or those who relapse regularly.



# Preparing for the millennium

With the theme "Towards pharmacy 2000", Scottish pharmacists gazed into the future at their annual conference to examine their widening role and assess the possible impact of technological innovations on their working patterns

## Community pharmacy talents underused

"Community pharmacy is probably the most underutilised and undervalued human resource in primary healthcare," John Macrae, a health promotion consultant and former health education officer for Stirling, told delegates this at the 1977 Scottish pharmacists conference and feels it still holds true today.

While the pharmacist's role in health promotion over the past 15 years has been very good, this is not being recognised at an official level. This may be because of the conflict between pharmacists' business and professional image.

He points out that the public do not generally think of pharmacists as health care professionals. Only one out of 35 customers asks for advice on health problems unrelated to their medicine or over the counter purchases.

"Pharmacists have a depth of health care knowledge but have to work hard at getting this over," he said. By using health promotion pharmacists can overcome this and enhance their professional and public image. This would also better utilise their training. However, they would have to examine the public's perception of pharmacists as being inaccessible, busy and unwilling to help them.

He advised pharmacists to sell their skills outside the NHS. For example, they could speak to schools of the danger of abusing prescription and over the counter medicines and expand their community care to deal with high risk groups.

He predicted changes in the undergraduate curriculum to cope with these demands. This would mean more emphasis on communication skills, needs assessment, analysis and an ability to understand the determinants of community health.

Mr Macrae pointed out that this is already happening in Finland where all students of health related disciplines share a common course in their first year. This covers an appreciation of factors determining the health of the population; acknowledging that healthcare facilities have a limited effect on health; and recognising that improving housing and employment can produce a greater improvement in health than giving money to

the health service.

In Scotland, the years leading up to the millennium will be overshadowed by the threat of HIV/AIDS and in particular the drug related aspect of transmission. Mr Macrae believes that the war against drugs is already lost.

"I think, by the end of the century, that marijuana will be available legally," he said. Unlike places such as Amsterdam where marijuana is legal through coffee houses, Scotland does not have a "cafe-culture". This may mean that community pharmacies will be licensed to sell previously illegal drugs.

He commented that there was a school of thought that believed that removing the illegality of drugs would result in the collapse of the drug trade as the financial gain through "pushing" would be lost.

In addition, the toxic effects seen with adulterants would be reduced or disappear. This would also mean a drop in drug related crime with 70 per cent of drug offences in Scotland involve marijuana seizures alone.

Whatever happens in the future Mr Macrae is confident that: "Pharmacy health promotion will not be dull."

## Pharmacists must prove their worth

Computer technology is so advanced that GPs and hospital doctors can access drug information on the ward instantly, bypassing the pharmacist's input, according to David McNaughton, computer consultant at Professional

man who had his own pharmacy for 18 years, Mr McNaughton is concerned that at meetings he was the only person to mention the vital role of pharmacists.

"It is important that papers are produced which proves how necessary pharmacist intervention is and how cost-effective that intervention can be," he warns.

He firmly believes that computing systems between hospitals, GPs, pharmacists and the Common Services Agency should all be integrated in a global network to allow seamless patient care.

He believes the way forward is that files will be held centrally in a designated spot such as Edinburgh. The entire record will be with a primary contact and this should be the GP. It is important that the patient is given control of their records as although other agencies will be given access to them, this is only at the behest of the patient. Hospital records would also be held and updated. This would mean GPs could find out what was happening to a patient when in hospital. Mobile access is possible at the scene of an emergency or when out on a domiciliary visit.

"The only way for a pharmacist to intervene successfully is to have access to the patient's full medical records," said Mr McNaughton. "This will lead to improved patient care which is what is important."



David McNaughton  
Communications Services.

His company is already talking to NHS Trust hospitals in England with a view to installing the Hospital Information System (HIS). As a

## Automatic dispensing machine proves popular

The use of an automatic dispensing machine, the ATC212, allows pharmacists to extend their influence and role, said David Bolton, general manager of primary healthcare services for Lothian Health Board.

Speaking in place of Grant Nicol who was unable to attend the conference, Mr Bolton revealed the preliminary results of a study being conducted in Scottish hospitals using the



David Bolton  
dispensing machine. Interfacing with the pharmacy computer system was also evaluated.

The dispensing machine holds 212 individual solid oral dose medications in calibrated hoppers and produces cellophane strips divided into pouches. The medicine is placed into the pouches and labelled.

Such systems are used in other countries but UK uptake has been slow. Mr Bolton felt this may be because there are no financial reasons to develop the concept. However, as the NHS examines costing priorities he predicts that use of these machines will become more prevalent.

The decision to interact the machine with the pharmacy LOPIMS computer system was to simplify ward/patient costing data and compatible labelling.

There were three objectives in the study:

- assessing the reliability, safety, ease of use, costs and wastage of the ATC212

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- the effect the machine had on staff mix, working patterns and work load
- the effect on staff morale in preparing for a massive change in their systems of work.

The impact of the machine was measured on the wards and in the pharmacy. Ward staff, in particular nurses, were very enthusiastic. They felt the time taken to administer medicines was reduced and that it was a safer system. Mr Bolton pointed out that this has yet to be proved conclusively.

The accountability and ability to audit medicines was enhanced with missed doses being noted. Overall, there was a saving of £200-£400 in ward drug stocks although there was no notable reduction in the amount of waste.

"Pharmacy staff grow to appreciate its advantages," said Mr Bolton.

However, problems were experienced with the ATC212. Reliability was an issue as, although each canister is specifically calibrated for a particular medicine, tablets smaller than the intended tablets go undetected. In strip production, problems were experienced with duplication and missed packets.

From the technological aspect, Mr Bolton conceded that the technology of the ATC212 was fairly old and that technical backup from manufacturers Baxters was variable.

## Shed 'shopkeeper' image to gain professionalism

Pharmacists have several barriers to overcome, including their "shopkeeper image", before they can counsel effectively, is the opinion of Clare Mackie, assistant director of the Scottish Centre for Post Qualification Pharmaceutical Education.

Counselling in the community is a random process which generally requires patient initiation. With no formal screening or pharmaceutical care plan, pharmacist-initiated counselling revolves around patient medication records.

Ms Mackie highlighted three main barriers to effective counselling, but admitted that it was a difficult area to narrow down.

Firstly, the environment. By having a "shopkeeper" image any patient asking for advice may feel obliged to purchase products. Also, many layout designs for pharmacy are not conducive to counselling because of the lack of privacy.

Pharmacists are conscious that they often do not have the time to counsel properly and in many instances the patient or pharmacist is too busy to become involved in a counselling session.

Ms Mackie agrees with earlier speaker David McNaughton that access to patient records will vastly improve the advice given. Because of the lack of background information on a patient, the pharmacist often



Clare Mackie does not know what tack to take.

Still on the subject of communication, she emphasised the importance of communication skills in making the patient feel at ease and of information exchange between health professionals, both in hospital and community.

"There is a need to find out what kind of pharmacist consumers want and what sort of environment," she pointed out.

Looking ahead to the year 2000, she wanted to see pharmacists overcoming these barriers. With 10-20 per cent of pharmacy turnover coming

from non-professional sales, but more area devoted to selling than to NHS and OTC services, Ms Mackie recommends that: "We devote more space to create the right professional atmosphere". Ideally 80-90 per cent of available space should be used for professional services.

She also advises having an open and closed counselling area and a workstation in the centre of the pharmacy. There the pharmacist can access the PMR while still available to advise the patient. Another advantage is that any OTC purchases can be immediately added to their records.

Looking at the problem of time, she said that GPs accept that they need training in effective time management and so may pharmacists.

Education and training will still be vital, particularly when looking at communications. This will be improved with access to patient data and better information exchange. She also warned that nothing protects the patient from counselling provided by the pharmacist and that there is a need to document the advice given.

Ms Mackie concluded that counselling patients does not result in better medication compliance but that pharmacists instead empower people to make their own choices.

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# Reprimand for illegal supply

A 59 year-old pharmacist who illegally supplied sedatives out of "misguided compassion" when a heroin addict complained of chronic withdrawal symptoms, was reprimanded by the Royal Pharmaceutical Society's Statutory Committee last week.

Stuart Courtney, of 5 Deans Cottages, Knowle, Fareham, Hants, was arrested on April 2 last year following an undercover operation by Hampshire drug squad officers.

He was working as a locum pharmacist at Barry's pharmacy in Sultan Road, Dockland, when an officer posing as a customer spotted him handing a paper bag containing a medicine bottle with 12 temazepam capsules to a known registered drug addict without a prescription.

In May last year, at Portsmouth Magistrates Court, he admitted

the supplying and theft of the tablets from his employer. He was fined a total of £475 and ordered to pay £25 costs.

Mr Courtney was told by chairman Gary Flather QC that such cases normally "leave no alternative but to strike the pharmacist's name from the Register", but after considering the facts the Committee decided a reprimand was appropriate.

Detective Constable Anthony Adams told the hearing Mr Courtney, who qualified in 1950 and had an unblemished record, gave the addict his prescribed dose of methodone and told him to return later that day, when the illegal supply took place.

He later told officers: "I felt sorry for him, it was a silly thing to do... It was in a moment of weakness and with no thought of gain for myself." Mr Courtney was questioned in relation to other allegations but made strong denials throughout and no further charges were brought.

Mr Courtney was persuaded to provide the capsules after he complained his doctor had withdrawn temazepam from his prescription.

He told the Committee the pharmacy was in a deprived area which brought him in contact with addicts for the first time in his career. He felt "shocked and humiliated at his arrest in front of staff and customers and spent 28 hours in custody.

He asked the Committee for leniency, saying he was "moved to tears" by the support shown by friends and professional colleagues. He still does locum work for the same employer.

Mr Flather told Mr Courtney: "A pharmacist should not give in to the pleas of an addict however beguiling that addict may be. As a professional, his instincts should tell him to stand firm in the face of such requests.

The Committee considered his remorse, distinguished career, and the punishment already suffered, in coming to its decision.

## More pre-reg places in Trent RHA

Trent Regional Health Authority has increased the number of pre-registration graduate training places by four for the 1994 intake.

It follows a survey of appointments to grade A or B pharmacist posts within the region over the past 12 months.

"It was clear that we were not training enough graduates to meet the region's needs," says Bob Timson, Trent's acting regional pharmacist.

It has not been possible to include the posts in the national clearing house scheme for the appointing process which starts in a few week's time. Mr Timson is inviting all this year's applicants to Trent Region hospitals to let him know if they wish to be considered.

The four extra posts are in Barnsley, Chesterfield, Doncaster and Lincoln.

## Appeal against Tesco pharmacy is upheld

Tesco have had an application for an in-store pharmacy at their Rickmansworth branch turned down following an appeal from local pharmacists.

Tesco was granted the contract by Hertfordshire Family Health Services Authority but the appeal board decided that local services were adequate. There are eight pharmacies in the district, seven within a mile of the Tesco site.

Mr Rupin Kotecha of Delite Chemists in Rickmansworth who opposed the contract told C&D that Tesco had claimed their pharmacy was one mile from the nearest pharmacy and that they would run a bus service to the store.

The nearest pharmacy was in fact half a mile away and the bus service was not in place after 12 months, he said.

## Menopause clinic a success

Cheshire pharmacist Robert Hallworth is proof that pharmacists have a valuable contribution to make to the primary healthcare team.

For the past two and a half years, he has been involved in running a menopause health promotion clinic in the Cheshire village of Poynton, along with a local GP and health visitor.

The clinic offers women a five week health promotion course. Each evening session lasts for 90 minutes and is led by the health visitor with input from the GP and Mr Hallworth. Up to ten patients can attend each session.

Mr Hallworth runs the clinic

during week four, which covers hormone replacement therapy. This is normally very informal and allows patients to discuss their own circumstances and gives Mr Hallworth the chance to answer detailed questions.

He advises on appropriate therapy for clients, dose adjustments or changes in medication.

He told C&D: "The patients have been quite keen and are very happy to be able to ask questions on a one-to-one basis."

The format has proved so successful that there a similar asthma clinic may be set up in the village.



Kevin Paul from Brittons Pharmacy, Nottinghamshire (left) receives £500 in holiday vouchers from Dane Robson of Wellcome after winning the Zovirax Cold Sore cream training quiz with Timothy May of Graema Pharmacy, West Lothian and Jerzy Smolaga of Lilliput Pharmacy, Poole

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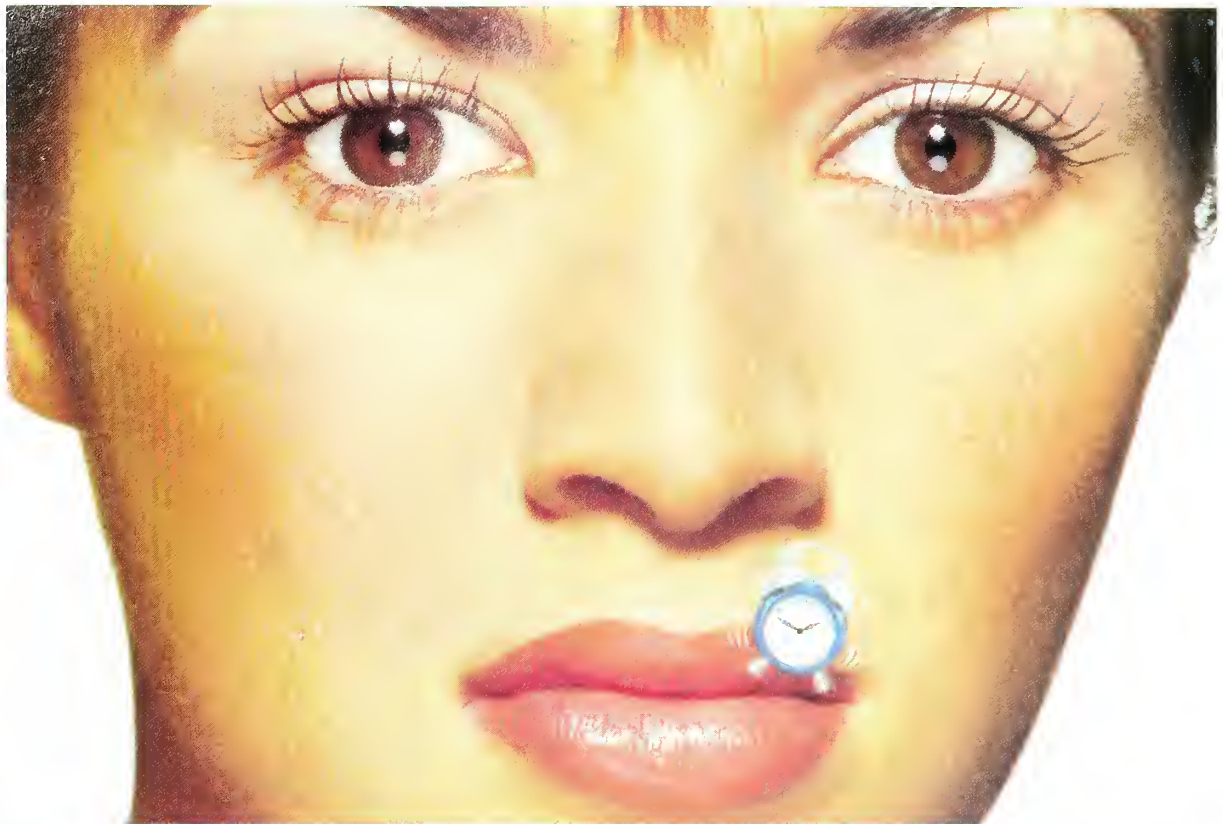
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ZOVIRAX COLD SORE CREAM® Acyclovir. Essential information. **Presentation** 5% w/w acyclovir in water miscible cream base. **Uses** Cold Sore treatment **Dosage and administration** Apply 5 times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. **Contra-indications, warnings, etc.** *Contra-indications:* Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to acyclovir or propylene glycol. *Precautions:* Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye.



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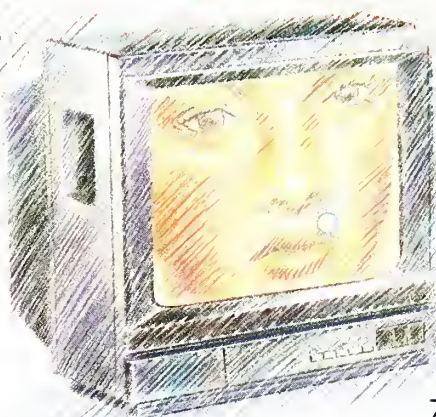
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Major discount opportunity on

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### Z Maximise your P.O.S. displays



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addition, those  
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Cream Counter Unit at the end  
of February 1994 qualify for a  
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## COLD SORE CREAM

## Early use can prevent a cold sore

Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. Side- and adverse-effects: Transient burning or stinging may follow application. Mild drying or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis has been reported rarely following application. Retail Selling Price – subject to Retail Price Maintenance: 2g tube – £4.99 (PL 3/0304) Legal category P. Further information available on request. Wellcome Medical Division The Wellcome Foundation Limited Crewe Hall, Crewe, Cheshire. Date of preparation: 13/5/93 © Trade Mark



## Milupa defend moves on LCPs

The *C&D* Babycare Supplement in October covered the launch of the new term formula from Milupa, Aptamil and Milupan. This has been generally welcomed by the medical profession, the retail trade and mothers, the only dissenting voice being that of Cow & Gate. This company has made a number of inaccurate and unfortunate remarks which require comment.

While acknowledging the research on LCPs, related to pre-term formula, Cow & Gate are ignoring evidence which has accumulated regarding term babies, and the benefits for brain development and visual acuity which arise from feeding LCPs rather than their precursors.

A recent Milupa-sponsored scientific symposium on this subject chaired by Professor Cockburn reviewed all recent evidence and confirmed the requirement for supplementation of term formula with LCPs. This confirmed the British Nutrition Foundation report of 1992, to which leading nutritional scientists contributed.

Recent papers have shown that brain composition is adversely affected by feeding LCP-deficient infant milks and that visual function is affected at both the retinal and visual cortex level of the visual pathway.

The *C&D* review article in the supplement gave a balanced view of the addition of LCPs to term formulae more in line with current thinking which will be of considerable assistance to readers.

James R. Carter  
Milupa

## In defence of NPA

What on earth has the National Pharmaceutical Association done to poor old Peter Curphey? He is obviously miffed about everything, including not getting his own way with the formation of a community pharmacy group at the Society, but to target the NPA with his villification is totally unjustified.

He accuses the Association of being over-bureaucratic. How can he possibly know? He has not been a member for years, only rejoining last month, and so far as I am aware has never set foot in Mallinson House. In fact, nothing could be further from the truth. By whatever parameter you measure the Association's performance, we are now doing more for members with fewer resources than ever before.

The Board decided that the subscription would not go up this year. Indeed, next year's small increase will be under half the rate of inflation.

Mr Curphey numbers us among those who are slow to recognise and manage change. The NPA is surely the most forward-looking of all pharmaceutical organisations. Which group was the quickest to react to the realisation of our changing role as identified in the Nuffield Report with the introduction of our hard hitting and successful advertising campaign? Which group was at the forefront of the recent repeat prescription problem?

On the same page as Mr Curphey's letter was a picture showing the award of yet another NPA training certificate. We are well advanced with our plans for training into the post-1995 era. Our publicity during the past decade has been innovative and successful, other services are operating at a

volume as never before.

Whatever the reason for his diatribe I hope he will target his slings and arrows in more appropriate directions in the future.

Incidentally the NPA would welcome the formation of an effective organisation to represent the interests of employee pharmacists. We have tried to form such an association at least four times. The last was the Salaried Pharmacists Association which was absorbed into Clive Jenkins' union and disappeared. The fact is that they all foundered through apathy.

The present media outpouring over the imposed remuneration package can only be counterproductive for the future extended role of community pharmacy in the primary healthcare team. Whether community pharmacy likes it or not, this Government expects and wants value for taxpayers' money, which in some form or other means rationalisation.

This present division within our ranks plays into the hands of our political paymasters. Community pharmacists must close ranks and present a united front if we are to come through the next critical 15 months of discussions.

David Thomas  
Treasurer, National Pharmaceutical Association

## No to private scripts for NHS patients

An article in Friday's *Independent* newspaper indicated that GPs are calling for the right to be able to issue private prescriptions to NHS patients for items costing less than £4.25.

Allowing for costs and fees, it is not reasonable to expect pharmacists to dispense private prescriptions in this way at less than the current NHS charge.

For GPs to do this will further drive a wedge between independent community pharmacy and the multiples, (costwise) and result in yet a further reduction in pharmacists' remuneration. The idea that it can be cheaper to dispense a private prescription, including a professional fee for "doing the job" is not commensurate with the BMA-recommended fees for GPs items of service such as signing a passport form. If these kind of fees were applied to private prescriptions allowing for the extra work involved over a signature, the scheme would be a clear non-starter.

It is absolutely essential, if

something of this nature is to come about, that a basic minimum professionally recommended charge is instituted in order to prevent gross unprofessional pricing which could further harm the standing of pharmacists, relegating them to the role of cut-price retailers.

In any event I consider that the move should be vigorously resisted in order to prevent further insidious privatisation within the health service, which I am sure the DoH would be only too pleased to take advantage of. It should be also borne in mind that this would further reduce the numbers of prescriptions available and thus the ability of pharmacies to qualify for the practice allowance.

Adrian Korsner  
Barnet

## New approach to transfer ordering

I would like to respond to recent letters on transfer orders, (T Seabourne, *C&D* September 4; S Howard, *C&D* September 22), outlining the Smithkline Beecham approach (*C&D* October 10).

We have researched this trading method for two years and are approaching it in a different way. We will concentrate on improving sales through, rather than just to, our pharmacy customers. We will do this with an integrated programme of pharmacy assistant education, stock management, planogram service, core range advisory service, display assistance and the placement of high quality point of sale material.

To improve service levels we have a dedicated retail team serving 8,500 pharmacies as well as a wholesale team in contact with every wholesaler on a weekly basis. By working closely with wholesalers we will be able to react to meet changes in demand generated by the retail team and hence provide a high level of customer service.

During the summer we disposed of our personal care business to focus on our core brands within the OTC medicine and oral care portfolio. We welcome S. Howard's comments on our toiletries pricing policy. Since the disposal of these brands we have overhauled our commercial trading policy to the benefit of all our customers. The move to transfer order is an integral part of this policy.

J P Hinkley  
Sales Director, SB Consumer Healthcare UK



Sarah Farnall (centre), marketing manager with the pharmacy division of Seton Healthcare, has won *C&D*'s Cyprus holiday in our Chemex competition. However, Sarah has a more pressing engagement — she is expecting a baby soon so Cyprus must wait until next Summer. Ian Gerrard (right), *C&D*'s advertisement manager, and Pauline Borda, a member of the advertising team, present Sarah with her prize



## Lloyds buy up Scotland's largest independent wholesaler

Lloyds have taken over John Hamilton Pharmaceuticals, Scotland's largest independent pharmaceutical wholesaler in a deal worth £4.6 million.

The move leaves no other major independent wholesaler, aside from Munro Wholesale, to service the Glasgow to Edinburgh belt and considerably strengthens Lloyds' Scottish interests.

And as Hamilton is a Numark shareholder, the ownership change will mean an EGM is necessary to decide on its fate.

Hamilton are a well-established wholesaler formed some 35 years ago. They now service over 200 pharmacies, twice daily and reported a £4.5m turnover in the year to last May.

According to Lloyds' group finance director, Dick Steele, one of the advantages of the new ownership for customers will be the ability to tap into more OTC lines as 90 per cent of Hamilton's business is in ethical pharmaceuticals. Pharmacists will now

have the choice of Barclay Enterprise's branded and own label OTC products.

He adds that an improved computerised ordering system will also be available, as well as "the backing of a plc".

But for pharmacists concerned about Lloyds takeover, Graeme Millar, chairman of the Scottish Pharmaceutical General Council advises them not to jump ship. "Pharmacists will be under a lot of pressure to move to AAH or Unichem but they should sit tight at the moment. They should continue to trade with Hamilton and watch what will happen."

What exactly will happen remains unclear as details of the discount structure were not available at the time C&D went to press. Delivery frequency, however, is unlikely to change, says Mr Steele.

Douglas Low, Hamilton's managing director, has taken the opportunity to retire but the rest of the management team have



Hamilton's managing director Douglas Low: opportunity to retire

been kept on.

Hamilton's relationship with Numark is yet to be resolved now that Lloyds have taken them over.

As is usual for a change in ownership, Numark will hold an EGM for shareholders to vote on whether Hamilton should relinquish their membership. Terry Norris, Numark managing director, notes that for this to happen "we'd have to have a clear majority vote".

The last time Numark held an EGM on this type of issue also

involved Lloyds. When they took over Ayrshire Pharmaceuticals in May 1992, Numark shareholders voted to oust APL. Mr Norris refused to draw parallels although he says: "This is clearly a matter for concern."

With both Hamilton and APL, Lloyds now have two major Scottish wholesalers. APL services about 50 retailers in and around Ayrshire as well as Lloyds' own shops. Whether the two will merge was neither confirmed nor denied as C&D went to press.

## Wellcome devaluation

Wellcome have announced a 20 per cent rise in sales over the last year, amid fears that underlying growth was slipping.

If it was not for the devaluation of sterling bumping up the figures, sales would have only risen by 7 per cent. The news that Wellcome was losing its touch led to an inevitable drop in share price from 803p to 712p.

Pre-tax profits increased 46 per cent to £667 million on sales of £2.04 billion.

Zovirax remains Wellcome's best seller, with sales up 30 per cent to £760m. Retrovir sales were also up, this time 16 per cent, to £248m.

Together, US and Canadian sales totalled almost half of turnover, but reported only a 4 per cent rise in sales.

Healthcare reforms and the publication of conflicting Retrovir clinical trials data hampered North American performance, says the company.

UK sales also dipped, down almost 17 per cent to £116.3m.

Wellcome's OTC products brought in £270m, a 14 per cent rise on last year. Of these sales, cough and cold products accounted for over half of sales.

R&D spending continued to rise and was up 28 per cent to £326m, with anti-virals and anti-infectives taking the lion's share of investment.

New products include the potential Zovirax successors Valtrex (C&D, October 30, p785) and Zonavir.

Also in late phase clinical trials are 51W, a neuromuscular blocking agent, and Navelbine, an anti-cancer compound, for the US market.

## Unicliffe buy Charwell

Unicliffe, Pfizer's UK consumer healthcare division, is buying Charwell Pharmaceuticals, makers of five OTC brands.

Unicliffe will form a new division, Charwell Health Care to market the products in the UK.

The deal will make Pfizer a sizeable player in the UK's OTC market when it goes through later this month.

The products, Migravele migraine treatment, Aludrox antacid, Isogel laxative granules, Stoppers tobacco substitute and

Rappell head louse repellent, had sales of £6.5 million last year.

They will join Unicliffe's only other pharmacy product for the UK market, TCP.

Chemist Brokers will continue to distribute TCP to the trade and the five Charwell brands will continue to be supplied direct to wholesalers.

Once the brands have been transferred, all Unicliffe staff will move to Charwell's offices in Alton, Hampshire.

Charwell Health Care's new managing director will be David Merrington, previously the managing director of Charwell Pharmaceuticals.

## London home for EMEA

The decision by the European Council of Ministers last week that London should be the home of the new European Medicines Evaluation Agency has been

warmly welcomed by the UK pharmaceutical manufacturers.

The decision can be seen as a vote of confidence in the UK's current regulations. The campaign to bring the EMEA to London has been strongly supported by the Government.

The ABPI says that when companies develop new medicines it is vital that the licensing is carried out as competently and expeditiously as possible.

A recent poll conducted among international pharmaceutical manufacturers from the United States, Japan and Europe was "overwhelmingly" in favour of London as the site for the new agency.

The EMEA will become operational from January 1, 1995, along with a new EC medicines registration system (see C&D October 30 p778).



# Medeva faces fresh patent challenge

Medeva, the acquisitive pharmaceutical company, are facing another court case over their hepatitis B vaccine Hepa-Gene-3.

This time, the Pasteur Institute in Paris says that Medeva are infringing its patent and has issued proceedings against the UK company.

But Medeva are confident. "We don't believe we infringe any patents. We will resist the claim most vigorously," says a company spokeswoman.

This is the second time Medeva will have been in court over the same product, which is not yet on the market.

On November 4, the High Court was to have ruled whether Medeva had infringed Biogen's hepatitis B vaccine patent.

The lawsuit brought by the US biotechnology company went to court in the UK on October 4.

## SB shake up R&D sites

Smithkline Beecham are consolidating their UK pharmaceutical R&D operations by relocating 1,000 staff to an expanded site in Harlow, Essex.

This will bring the number of R&D sites from seven down to three by 1997 and will involve the loss of a small number of support staff.

Buying 40 acres of adjacent land and building new laboratory facilities on it will cost the company £200 million but will bring "significant cost savings". For example, costs involved in staff driving 1.5m miles per year between sites will be drastically reduced.

SB would not say how much had been set aside for staff relocation expenses. Costs involved, however, have already been accounted for in 1989 when the company announced a £500m restructuring budget.

SB plan to move the majority of non-laboratory based groups by Autumn 1994, six months earlier than anticipated, with all other departments moving in after that.

Operations from Buckham Park, Great Burgh, Reigate and Worthing will transfer to Harlow, leaving sites at Tonbridge and The Frythe unaffected.

Originally, SB had planned to upgrade existing R&D sites but building on an unoccupied site became a more attractive option when the land next door came up for sale.

Harlow will now become the company's main neuroscience and anti-infectives research site.

with the outcome generally viewed as a barometer for any further patent challenges.

The outcome is crucial for Medeva, who value the market for hepatitis B vaccines at £150 million.

The Pasteur Institute have been working in the hepatitis B field since the 1970s and have had patent protection for the recombinant vaccine since September 1987.

In some ways, these vaccines mimic the natural hepatitis virus but are free from human-derived impurities, giving them a distinct advantage over traditionally derived vaccines.

Clinical trials have also shown

a faster immune response with the new vaccine, which may protect people who fail to respond to existing products.

Medeva bought worldwide rights to Hepa-Gene-3 as part of a package back in March 1992.

They paid £3.86m for it and another product for chronic hepatitis from Epitex and GA Investments. The balance of £5.4m was due after further development work was carried out.

Hepa-Gene-3 is currently at stage II clinical trials, with production being scaled up at Medeva's Speke plant, near Liverpool.

## YSL ices Champagne

Yves Saint Laurent may have to change the name of their newest fragrance, Champagne, just weeks after its European launch.

Legal action from French champagne growers over use of the name may force the Paris-based company to rename the female fragrance for the French market.

Alternatively, YSL could abandon the name and rename the brand worldwide, a costly process and a marketing nightmare.

Champagne was launched onto the European market on September 27 with a heavyweight advertising and marketing campaign.

It was YSL's first new female fragrance since Paris was launched ten years ago and the first since the company was taken over by Elf Sanofi earlier this year.

Plans for a US launch in 1994 may be put on ice until the outcome of YSL's appeal is known. The company is "optimistic about the outcome".

## Christmas rush on card fraud

Prepare for the Christmas rush, and that includes looking out for plastic card fraudsters, says the banking organisation that runs the Card Watch campaign.

The Association for Payment Clearing Services is urging sales assistants to be more eagle-eyed than usual.

Last year, staff stopped about 100,000 frauds and received £7 million in rewards for their efforts, £50 for each card.

APCS is repeating its message to be **ALERT**.

• Always watch the sales voucher or cheque being signed;

• Look out for unusual behaviour. This might be fidgeting, over-friendly chatting, or avoiding eye contact;

• Examine the card and sales voucher or cheque carefully. The signatures must match;

• Remember the rules also apply to sales vouchers or cheques printed by machines. Even if you authorise a card electronically, do not forget to carry out the card checking procedures;

• Take the card out of its wallet, if necessary, and rub the thumb over the signature strip to check for tampering.

## Philip Harris works on occupational health

Philip Harris plc, retailers, wholesalers and healthcare suppliers, have strengthened their occupational health portfolio by acquiring part of the Surgicon Reside Group.

Although the majority of work at the medical division of Philip Harris is in the NHS sector, they have decided to double their existing occupational health supplies business to take advantage of the growing market. Products include dressings and

first aid kits.

The company spent £632,000 in cash on the business, which has £80,000-worth of fixed assets, including a distribution point in Selly Oak, Birmingham. There is £350,000-worth of outstanding debt.

The package also includes the transfer of 14 staff who specialise in the occupational health supplies field.

As the newly-acquired business is part of the Surgicon group, it

## Coming Events

### Tuesday, November 9

**Lanarkshire Branch, RPSGB**, at the Old Mill Hotel, Motherwell, 8pm. "Interactions with the Media", Mr Roger Odd, Head of Practice Division RPSGB.

**South Staffordshire Branch, RPSGB**, at the Post Grad Medical Centre, Burton-on-Trent, 7.30 for 8pm. "Total Quality Management" (3M Healthcare). Buffet provided.

**Bath & District Branch, RPSGB**, at the Gainsborough Room, Pratts Hotel, Bath, 8pm. Dr Rod Macleod, Medical Director of Dorothy House and Jane Vella-Brincat MRPharmS — "Pain Control".

**Leicestershire Branch, RPSGB**, at the Post Graduate Medical Centre, Leicester Royal Infirmary, 7.30 for 8pm. "Question Time". Guests include NPA, YPG and Guild of Hospital Pharmacists representatives.

### Wednesday, November 10

**Edinburgh and Lothian Branch, RPSGB**, at 36 York Place, Edinburgh, 7.45pm. "Contraception — Past, Present & Future". Dr Anna Glasier — Director of Family Planning & Well Woman Services, Lothian Health Board.

### Thursday, November 11

**Southampton & District Branch, RPSGB**, at the Bournemouth General Hospital, 7.30 for 8pm. "A State of Flux". Mr Tim Aslam, Director, NPA.

**Wirral Branch, RPSGB** at Wirral Postgraduate Medical Centre, Clatterbridge Hospital, 8.15pm. "Radiology" by Professor Whitehouse, sponsored by A.P.S.

**Aberdeen & North Eastern Scottish Branch, RPSGB**, in Room C404, The Clarke Building, Robert Gordons University, Aberdeen, 7.15pm. "The Vascular System" — Professor K E Kendle

**Bradford & Halifax Branch, NPA** meeting at the Bankfield Hotel, Bradford Road, Bingley, 7.15 for 8pm. Buffet. "Improve your Image with Better Merchandising". Speaker, Mr David Wood, Director, Numark Retail Services.

**Glasgow & West of Scotland Branch, RPSGB**, at Room 1, Level 3, McCance Building, University of Strathclyde, Richmond Street, Glasgow, 7.30 for 8pm. Joint meeting with the Guild of Hospital Pharmacists. "Health Promotion" Mr E McMillan, Deputy Director of Health Promotion, GGHB

### Friday, November 12

**Eastbourne & District Branch, RPSGB**, Working Dinner at the Lansdowne Hotel, King Edward's Parade, Eastbourne, 7.45 for 8pm. Address by Mr Nigel Waterson, MP for Eastbourne.



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## APPOINTMENTS

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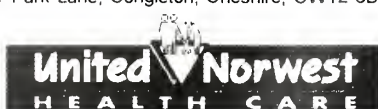
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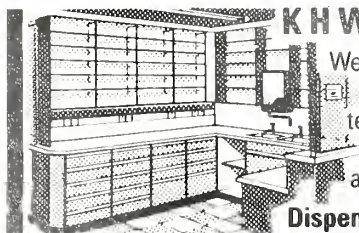
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**BETHNAL GREEN, E2** - Pharmacist manager or long term locum with emphasis on merchandising. Tel: 0376 520052 or 0763 248440.

### LOCUMS

**BURNLEY** - Locum required 2-3 days per week plus 8 weeks holiday cover through the year excellent staff. Tel: 0282 33967 evenings.

**STOCKPORT & MANCHESTER** - Experienced locum available November onwards, regular days, long or short term. Tel: 061-428 7710.

**PERMANENT SATURDAY LOCUM** - Required in busy in store pharmacy, must be of smart appearance, hours 8am-8pm. Tel: 0708 745943 (9.15-11.15pm).

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**BLACKBURN** - Pharmacist required for regular Saturday mornings. Tel: 0254 871563.

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**TRADE LESS 40%+VAT+POSTAGE** - 2x5 Granulex DSG 20cm, 2x100 Creon (exp 3/94), 1x560ml Denol liquid, 2x28 Feldene Melt, 1x100 Myambutol 400mg, 1x70 ml Prozac liquid. Tel: 0279 422909.

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**EXCESS STOCK CAUTION:** Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

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# Aboutpeople

## Strike action over parking gets results

A Surrey pharmacist who refused to pay his business rates in protest over parking restrictions outside his shop is celebrating victory.

Anant Pandya's protest, against Croyden Council's tow-away, no-parking zone (C&D September 11, p408), gathered momentum when customers had their cars towed away after being in the shop for a only a few minutes.

All traders in the shopping parade in Chipstead Valley Road, Coulsden, signed a letter to the council stating that they would refuse to pay their business rates unless something was done about the tow-truck situation.

The Council's decision to disallow parking on either side of the road was having a detrimental effect on trade for all the shops in the parade.

This month the Council are removing the yellow lines on one side of the road, giving unlimited parking to customers. Early next year this will be replaced by pay and display meters.

"I am extremely pleased," Mr Pandya told C&D. "We've got what we want."

Customers are also happy with the new decision. Mr Pandya says: "There is a need for parking to prevent trade being lost to out of town shops."

## Industry in Healthcare charity trophy



Pascal Touchon (left) and Emma Rawlins, members of the Glaxo team, pedal home in the final stages of the Healthcare trophy to win team third place overall

The first Healthcare trophy challenged the mental and physical agility of teams from the healthcare industry in two days of competition in the Devonshire countryside.

Teams from Glaxo, Smithkline Beecham and Pfizer Central Research were among the competitors. The competition consisted of five stages, including a night stage, setting the teams a number of challenges against the clock. Team work, deployment of resources and the ability to perform under pressure were essential for the trophy.

The Glaxo team — Emma Rawlins, Pascal Touchon, Martin Schlaeppli and David Cotterell — finished a close third behind the

Lister hospital team and Pfizer Central Research who won the trophy. The Smithkline Beecham team — Michael Collins, Amanda Foster, Stephen Cook and Gary Clapp — managed sixth place overall.

Each team donated a proportion of their entry fee to the British Heart Foundation and raised £700. Sponsorship for each team, which has not been collected yet, will raise even more money for the Foundation.

"We are delighted with our first Healthcare Trophy and look forward to holding another event next year," said Alastair Cunningham, managing director of Challenger UK who organised the event.

## APPOINTMENTS



Dr William Woodside has been elected for a second term as president of the Pharmaceutical Society of Northern Ireland

George Fisher succeeds Kay Whitmore as chairman, president and chief executive officer of Eastman Kodak from December.

Zeneca Pharmaceuticals have appointed **Martin Symons** as commercial director of Zeneca Pharma Italy and **Dr Martin Cross** as international marketing manager for Diprivan.

## YPG prizes

Stephen Costello from the Welsh School of Pharmacy and Carol Hamill from The Robert Gordon University are the winners of this year's YPG prize for final year students completing a pharmacy practice project.

Mr Costello examines a patient's perspective of repeat prescribing in general practice, while Miss Hamill is investigating difficult decision making in community pharmacy practice.



A new Young Pharmacists' Group executive was elected at last weekend's annual conference in Cardiff (from left to right): social secretary Gary Brown, PR officer Julian Ashley, Scottish regional officer Sangeeta Prasad, treasurer Richard Eyles, membership secretary Helen Boardman, vice-chairman Nicola Gray, secretary Lynne Brown and chairman Andrew Burr (see p812 for conference report)



President of the Royal Pharmaceutical Society, Nick Wood, was guest of honour at the 13th annual dinner dance of Club 88, the social arm of the Oshwal Pharmacy Group. The 200 attendees raised £2,000 for the Indian earthquake disaster and £500 for the Commonwealth Pharmaceutical Association



# the growth market of the '90s

## COMPLETE MARKET TRENDS AND FORECASTS FOR OTC MEDICINES THE BENN OTC HEALTHCARE MARKET REPORT

From the publishers of *Chemist & Druggist*, *Community Pharmacy* and *Pharmacy Today*, comes the definitive report on OTC Healthcare, a growth market for the 1990s. The report comes as Governments are encouraging companies to switch products from prescription to OTC, while strategic alliances between major manufacturers are demonstrating the massively increased interest of the pharmaceutical industry in OTC.

For many years the Benn pharmacy magazines have helped keep readers up to date with industry news, issues,

product innovations and market developments. Now Benn is deploying its unrivalled industry knowledge, unique position, industry contacts and databank of original research to produce

an authoritative and comprehensive report on the OTC medicines market.

The OTC medicines market in the UK will be worth £1 billion plus in 1993. Key

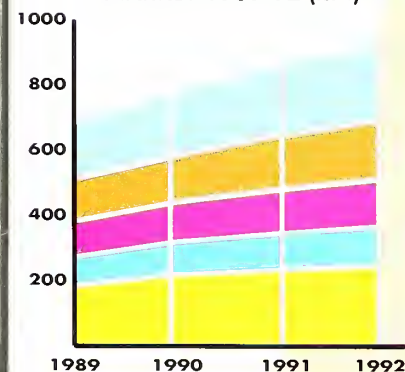
issues in this dynamic consumer market include: the impact of drugs coming off patent, industry strategies as the global giants compete for their shares of OTC to make good lost profits from prescription medicines, and the increasingly competitive retailing

environment. The Benn OTC Healthcare Report will be available in October, price £375. This report is THE essential marketing reference work for an industry facing the challenge of change.

### SPECIAL FEATURES

POM to P products analysis  
Exclusive Benn Pharmacy Group  
Retailer Survey data  
Latest market trend data to mid-1993  
Market forecast to year 2000  
European OTC developments

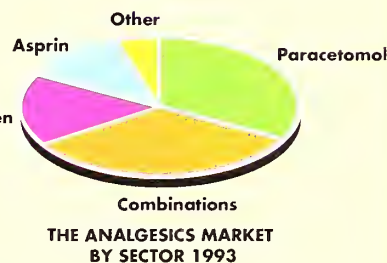
The OTC HEALTHCARE MARKET 1989-92 (£M)



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OTC: Cough remedies cold remedies  
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**Gaviscon now comes in lemon, peppermint and aniseed flavours**

Your customers wanted them so now you've got them: **Gaviscon** now comes in two new flavour choices - Peppermint flavoured liquid and Lemon flavoured tablets.

Customer research shows that by stocking and displaying these popular new flavours alongside the original flavours of **Gaviscon**, you could dramatically increase the revenue earned from **Gaviscon's** highly attractive profit margins. **Gaviscon** will be supported by a £1,000,000.00 promotional campaign.



Available exclusively through pharmacies, these new flavour variants offer all the efficacy and long lasting relief you and your customers have come to expect from the No.1 heartburn remedy in pharmacies.<sup>1</sup>

## **GAVISCON**

**Keeps acid where it works, not where it hurts**

**Product Information. Active Ingredients:** Liquid Gaviscon: Sodium alginate BP 500mg, sodium bicarbonate Ph Eur 267mg, calcium carbonate Ph Eur 160mg per 10ml dose. Gaviscon 250 Tablets: Alginic acid BP 250mg, sodium bicarbonate Ph Eur 85mg, aluminium hydroxide gel BP 50mg, magnesium trisilicate Ph Eur 12.5mg per tablet. **Indications:** Liquid Gaviscon: Heartburn including heartburn of pregnancy, dyspepsia associated with gastric reflux, hiatus hernia and reflux oesophagitis. Gaviscon 250 Tablets: Heartburn and acid indigestion. **Contra-Indications:** None known. **Dosage Instructions:** Liquid Gaviscon: Adults and children over 12: 10-20ml, children 6-12: 5-10ml liquid after meals and at bedtime. Children under 6: Not recommended. Gaviscon 250 Tablets: Adults and children over 12: 2 tablets to be chewed

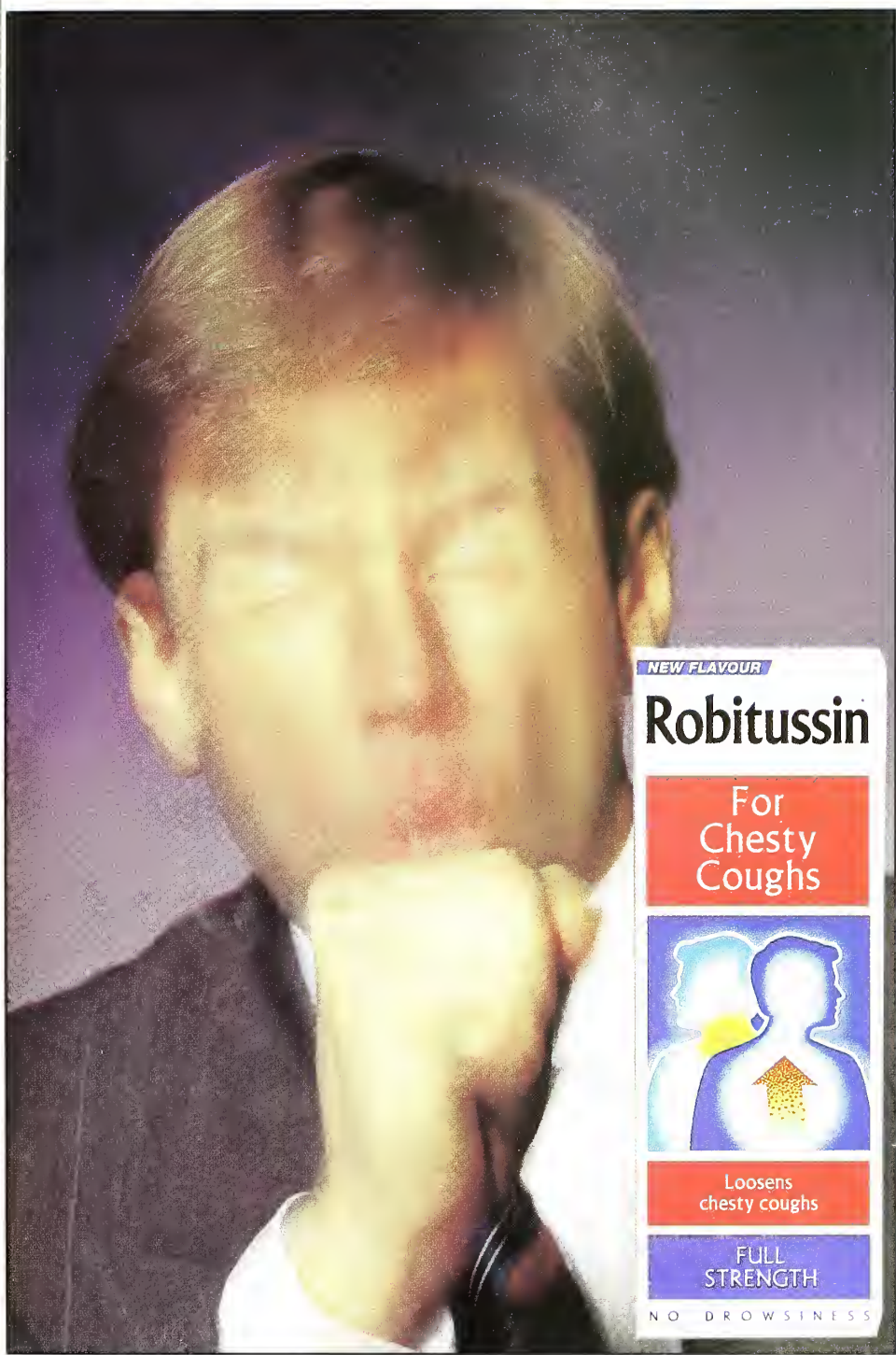
thoroughly as required. Children under 12: Not recommended. **Note:** 10ml liquid contains 6.2mmol sodium. One Gaviscon 250 Tablet contains 1.02mmol sodium. Both liquid and tablet forms of Gaviscon are sugar-free. **Retail prices:** 100ml £1.20, 200ml £2.86, 24 tablets £1.95. **Product Licence Nos:** 44/0058 Liquid Gaviscon, 44/0140 Peppermint Flavour Liquid, 44/0103 Gaviscon 250 Tablets, 44/0143 Lemon Flavour Tablets. **Legal Category:** GSL. **Product Licence Holder:** Reckitt & Colman Products Limited, Danson Lane, Hull HU8 7DS. **GAVISCON** is a registered trademark. **Date of preparation:** 1/10/93. **Reference:** 1. Taylor Nelson Counterpoint MA1 to June 1993.

**RECKITT & COLMAN**  
PRODUCTS



STRONGEST  
RUGGIST  
PLEMENT  
MBER 1993

# COUGHS



HOT DRINKS AND COLD CARE  
STOP THAT COUGH • WINTER PLANS FOR  
MAJOR BRANDS • FOCUS ON RESEARCH

# COUGH





Karvol relieves children's nasal congestion and allows them to breathe easily throughout the night. And there's no need to wake them up, because with Karvol there's nothing to swallow or rub onto a child's chest.

Parents simply dab the pre-measured capsule dose on a handkerchief tied to the cot, and the natural vapours of pine, menthol and

cinnamon effectively relieve blocked noses and stuffy colds. That means a good night's sleep for children and their parents – and explains why Karvol is the most recommended nasal decongestant.

So, considering Karvol's gentle efficacy and ease of use, it's a natural recommendation for children. And their parents.

**Easier breathing for an undisturbed night's sleep**

# Karvol

**Natural vapours to clear blocked up noses**



PRODUCT INFORMATION: Presentation: Gelatin capsules containing an oil containing as active ingredients, Levomenthol Ph Eur 35.55mg, Chlorbutol B P 2.25mg, Terpineol B P 66.6mg, Thymol B P 3.15mg, Pumilio Pine Oil B.P 1980 103.05mg, Pine Oil Sylvestris 9mg. Uses: For the symptomatic relief of nasal congestion and colds in the head. Dosage and Administration: Adults and children over 3 months; carefully sprinkle the contents onto bedding or material, avoiding the possibility of skin contact. Alternatively, add to a pint of hot water and inhale vapour freely. Contra-indications, Warnings etc.: Karvol should not be used by patients who are sensitive to any of the ingredients. Not recommended for children under 3 months of age. Avoid contact with eyes and prolonged contact with the skin. Do not take internally. Package Quantities: Packs containing 10 or 20 capsules. RSP: Capsules 10s £1.65, Capsules 20s £3.05. Product Licence No. PL 0327/5914. Crookes Healthcare Ltd, Nottingham NG2 3AA.



# Sore throats

*Sore throats are commonly perceived to be a Winter healthcare problem, but sales of sore throat remedies do not show large seasonal variation. It is estimated that 40 per cent of sales of sore throat remedies are made between April and September although sales tend to peak within the cough/cold season. Maria Murray looks at activity in sore throat remedies market, where pharmacy accounts for 80 per cent of the sales of the £28 million market (excluding confectionery)*

**M**ost sore throats are caused by viruses and last between three and seven days. Sore throats usually cannot be cured, and the wide range of pastilles, lozenges, sprays and gargles can only offer symptomatic relief. Antibacterial and antifungal agents can help prevent infection. Local anaesthetics relieve the pain of a sore throat but the loss of sensation can make swallowing difficult in elderly patients and children. Sprays, which were first introduced in 1989, have decreased in popularity since the initial launch although they still account for approximately £3.3 million.

It is generally agreed within the industry that 1992-93 was a poor season for the coughs and cold sector. This was due to an unusually low incidence of the cold, a factor which remains outside the control of the industry.

However, the sore throat sector appeared to be less affected by this, and according to Aisling Cloonan, group brand manager at Zyma Healthcare, the sore throat sector is showing growth. The relaunch of the Bradosol range in 1992 has doubled the sales volume and according to Zyma the sugar free lozenges have proved "very popular" with consumers.

Andrew Portsmouth of Crookes Healthcare said last year was the first season for many years that cold care suffered a decline but there was "no decrease in the volume of throat remedies sold". He said the high profile Soothers launch sustained consumer interest in the throat remedy sector.

Product manager for the Mero range of lozenges, Maire O'Reilly, agreed that the whole cough/cold market suffered depression last season. Despite this the Mero range "performed very well" due to the launch of Merovit,



Picture courtesy Strepsils

a pack redesign for the range and effective PR and advertising campaigns.

Crookes have traded in their "Mystery shopper" promotion for a new "Secret agent" campaign that will run from January to March and involve the display of the Winter brands — Strepsils, Dequacaine, Karvol. Instead of one large cash prize Crookes are offering the chance to win one of 25 Casio portable television sets.

Every filled display unit ordered from Crookes earns the pharmacist an entry in a cash prize draw. Every week 50 entries are drawn and the "Special agent" visits the pharmacies. If the units are on display you can win a cash prize of £25, £50 or £75.

The promotion runs for ten weeks. Orders for the display unit and stock will be taken during October and November and stocks will be delivered during the first week of January. The

pre-filled display units must be in place from January 10.

Raindrops this winter are good news for Ernest Jackson customers. "Raindrop" stickers are awarded to customers for ordering and displaying brands such as Throaties, MAC, Victory V, Zubes and Potters. The "raindrops" can then be exchanged for gifts such as a bottle of whisky or a Barbour-style wax jacket.

The company have also produced an 16-page booklet for pharmacy assistants entitled, "A pharmacy guide to sore throats".

Zyma Healthcare will be supporting the Bradosol range with a £550,000 full colour national Press campaign and a trade Press campaign. Pharmacists buying in Bradosol stock are being offered a free radio/cassette music centre.

As part of the promotion for their entire winter remedies range Zyma are running a "Mystery shopper" campaign. During November,

"Mystery shoppers" will be calling to pharmacies looking for recommendation of Zyma brands. Counter assistants who recommend a Zyma product will be given a £10 Marks & Spencer voucher and entered in a draw for a £250 M&S voucher.

Marion Merrell Dow are running a product sampling campaign of Merovit this winter. The company, with the assistance of Dr Mike Smith, have produced an educational booklet on sore throats which also contains an offer for free samples of Merovit. Advertising campaigns will also be carried by the National Press and womens magazines.

Vicks Ultra Chloraseptic spray is included in the health centre display unit, available from Procter & Gamble this season. The company say they are considering "the best way to support a very effective product".

Continued on p4



Mero lozenge range on display



Continued from p3

National Gargling Week, sponsored by TCP and headed by Dr Mike Smith, will be the first week in February, 1994. The aim is to promote gargling with TCP as an effective way of treating a sore throat and to highlight how easy gargling is.

"Gargling is a lost art" says Arthur McCarten, director of Chemist Brokers, the distributors of TCP. "Young people today don't know how to gargle and it needs to be explained to consumers in a practical fashion but not made unduly serious." Hence the slogan "Sing away your sore throat" with consumers being encouraged to tilt their head back and sing. Popular



TCP, sponsors of national Gargle Week

gargling songs include "Nessum Dorma", "I will always love you", and "Singing in the rain".

During National Gargling Week Dr Mike Smith will be on a radio tour answering questions from listeners on gargling and sore throats. Pharmacists will also be supplied with leaflets on gargling which they can distribute to customers.

Victory V is 100 years old this season and to mark the occasion the V lozenges are being relaunched with new packaging and a comprehensive support programme.

Ernest Jackson have repackaged the product in red, a colour associated with a feeling of nostalgia and tradition. Medicated Victory

V, the licensed variety, has been given an orange and yellow pack. New display outers have been designed for which emphasis the "V" in the brand name.

The relaunch and anniversary will be celebrated by sampling in specialist "outdoor pursuits" consumer Press such as *Country Walking*, *Railway Magazine*, *Angling Times* and *Racing Pigeon Weekly*.

Warner Lambert Confectionery are building on the success of Halls Soothers by introducing a new orange variant. Halls Soothers Orange will be the first liquid centred medicated confectionery to contain real orange juice. Orange is one of the most popular flavours in mainstream confectionery.

The company say Halls Soothers, launched last October, became the fastest growing medicated confectionery brand last year and actually grew the volume of the market by 5 per cent. Warner-Lambert Confectionery say they will be spending £5.5 million on television advertising for the Halls brands which will run from October to March.

Mars say Tunes and Locketts will further build their market share this season with the introduction of new Blackcurrant & Honey Locketts. Both brands are being relaunched with new packaging and supported with television advertising. Blackcurrant & Honey Locketts will be promoted in a television advertisement to be screened during November and December. This will form part of £3 million worth of advertising support for the two brands.

It is generally agreed that consumers are becoming more informed about their health and the products available. Aisling Cloonan says increasing the information available to consumers means a more knowledgeable, discerning and informed customer who is potentially a brand loyal customer. Pharmacists need to respond to this consumer trend with improved display of products and well trained staff who can advise customers when appropriate.

Maire O'Reilly, from Marion Merrell Dow has noted an increasing demand

by consumers for specific niche products such as lozenges with added vitamin C. The company has responded to increased demands by consumers for information by producing educational material.

There is a growing trend towards self-medication across the whole pharmacy sector, in part fuelled by cost considerations. Andrew Portsmouth, senior product manager at Crookes Healthcare says any increase in prescription charges produces an increase in OTC sales. According to Mintel research the rise in prescription charges to £3.05 led to an estimated 30 per cent decrease in prescriptions issued to patients who were not exempt from the charge.

There is also a demand for higher efficacy products. Consumers with sore throats are now willing to use

less profitable for pharmacists, claims Andrew Portsmouth. "Over 60 per cent of sales in coldcare are generated by just seven brands. Within 'serious' lozenges, 80 per cent of sales come from only four brands, including Strepsils and Dequacaine".

He advises pharmacists to merchandise the "prime movers" with the packs front faced, blocked by category or products type. The "hot spot", near the till, should be reserved for fast moving, high margin medicinal products. Co-ordinating displays with TV advertising can also increase sales.

Maire O'Reilly lists the key selection criteria for the merchandising of OTC brands as: efficacy; pharmacy only distribution; a high return on demand; consumer choice, high and growing rates of sales and effective consumer



Crookes Healthcare Winter remedies

anaesthetic products once a sore throat starts, where "previously they approached such products with trepidation", according to Mr Portsmouth.

"Sales of Dequacaine, the anaesthetic lozenge acquired by Crookes Healthcare three years ago, reflect this increased acceptance of anaesthetic products. Last year the brand showed significantly greater growth than the market."

## Merchandising

Merchandising tips from Aisling Cloonan, group brand manager at Zyma Healthcare are simple but effective, "Pharmacists should be aware of the turnover and seasonality of products and ranges. Awareness of brand investment by the manufacturer through consumer and trade advertising, promotional campaigns, status of the product and margins should all be taken into account when selecting a display site for a product."

The proliferation of brands ranging from P products to "sweeties" is making the coldcare fixture more confusing for consumers and

promotions.

She stressed the importance of good display of medicines. Increasing the display of GSL products, at the expense of less profitable sundries, has been shown to increase sales of medicines and improve the image of pharmacists.

## Into the future

Looking into the future Aisling Cloonan predicts further range extensions rather than new brand entities because of huge costs involved in developing and marketing new products. There will continue to be growth of herbal and homeopathic medicines which have a positive image with consumers. The switch of products from POM to P will continue.

Maire O'Reilly identifies the strengths that independent pharmacists can build on as: independence; convenience; professional healthcare accessibility and monopoly on P products.

Andrew Portsmouth of Crookes Healthcare agrees that "pharmacists will have to become more expert in retailing. They will have to assess their strengths and work to them."



# FOR THE MAN WHO HAS EVERYTHING. 24 HOUR RELIEF FROM IT.



Building on the success of Lemsip Flu Strength, Reckitt & Colman is to re-launch its innovative range of pharmacy only flu products as the Flu Strength range.

Lemsip Flu Strength, the hot drink, is to be re-launched with the preferred decongestant, pseudoephedrine. Pseudoephedrine gives effective relief from a blocked or runny nose and the effects are long lasting so that three doses give day long relief without drowsiness.

Lemsip Night-Time is to be re-branded as Lemsip Flu

Strength, Night-Time formula. With the familiar flu strength livery together with Lemsip Flu Strength it provides a 24 hour regime for the relief of flu and heavy cold symptoms. Lemsip Flu Strength, Night-Time formula is an effective, soothing liquid which works to relieve the symptoms of flu and heavy colds and so aids restful sleep with minimal "morning after" side effects.

The Lemsip 24 hour flu range. What the man who has everything has always wanted.

**RECKITT & COLMAN**  
PRODUCTS

**Contains:** Each Sachet, Paracetamol EP 1000mg and Pseudoephedrine hydrochloride BP 60mg, also contains Vitamin C 100mg and sugar (approx 2.1g). **Each 30ml dose of Syrup:** Paracetamol EP 600mg, Dexamethorphan Hydrobromide BP 15mg, Chlorpheniramine Maleate BP 4mg, Phenylpropanolamine Hydrochloride BP 25mg and Alcohol (96%) BP 5.92ml. **Uses:** Relief of the symptoms of flu and heavy colds. **Dosage and Directions:** Adults and children over 12 years: one sachet dissolved in hot water or 30ml taken at bedtime. Allow 4 hours between doses, not more than 3 sachets of Pseudoephedrine formula and one 30ml dose of Night-Time formula in 24 hours. **Children under 12:** not recommended. **Contra-indications, warnings etc:** For both products: Paracetamol is normally well tolerated with only rare allergic reactions such as skin rashes (hives), urticaria or itching. It should be used with caution by patients with renal disease or liver dysfunction. Including other medicines, the total daily dose of paracetamol should not exceed 4 grammes. Not to be used by patients recently taking MAOI drugs. **Lemsip Flu Strength, Pseudoephedrine formula:** Pseudoephedrine may interact with antihypertensives and other sympathomimetics. Use with caution in glaucoma. It should not be used by patients suffering from severe coronary heart disease or hypertension. In pregnancy use only on doctor's advice. Whilst normally well tolerated, reactions such as dry mouth or restlessness may occur. **Lemsip Flu Strength, Night-Time formula:** Chlorpheniramine may cause drowsiness, blurred vision or gastro-intestinal disturbance. Avoid alcoholic drinks, driving or operating machinery. Do not use in pregnancy. **RSP prices, at September 1993:** Lemsip Flu Strength, Pseudoephedrine formula (PL44/0155) 10 sachets, £3.49 (P) and Lemsip Flu Strength, Night-Time formula (PL44/0062) 240ml, £3.49 (P). Lemsip, Lemsip Flu Strength, Lemsip Flu Strength, Pseudoephedrine formula, Lemsip Flu Strength, Night-Time formula and Ⓢ are trademarks. Further information from Reckitt & Colman Products Ltd, HU8 7DS (28/09/93)



Last year there was a particularly mild Winter with low levels of coughs and colds. Year-on-year figures for Nielsen show the total liquid cough remedy market declined by approximately 10 per cent in volume and almost 4 per cent in value. Despite this, research has shown that last Winter more than half of all adults suffered a cough. Although sales of cough remedies shows a seasonal peak in December and January, the six "Winter" months only account for 60 per cent of the year's sales.

The Benylin range is the leading brand of cough medicines in pharmacies. In July this year the Benylin livery was updated to make "even stronger impact on the shelf". There is a clear differentiation between products and concise instructions on the side of the packs to assist consumers and pharmacy staff

Warner Lambert are investing £3 million in a five-month television campaign for



£3m TV campaign for Benylin

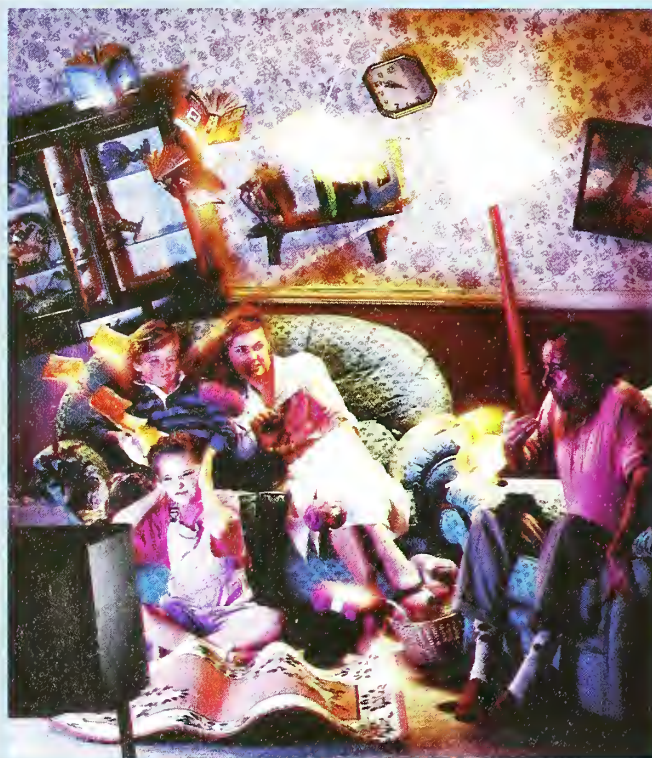
Benylin which will feature new commercials. The campaign which will appear in all the TV regions runs from October to February. Point of sale material, available from the company, will give pharmacists extra value from the TV advertising. Benylin Winter Window will also be available in the peak season. Senior product manager at Warner Lambert Health Care, Jason Kalik, says: "This season we shall be supporting the pharmacy more heavily than ever before and our TV advertising will emphasise the fact that the brand can be purchased only at the pharmacy."

Procter & Gamble say Vaposyrup has shown exceptional growth during the 1992-93 Winter season which

# Stop that cough

*The poet Ogden Nash described a cough as "something that you yourself can't help but everyone else does on purpose to irritate you". Cough remedies account for 50 per cent of the cough/cold market which is the second biggest OTC market.*

*In the UK the market for cough liquids is estimated to be in the region of £44 million annually*



Picture courtesy of Saxon Healthcare



Vicks health centre display unit

recommendation accounts for over half of the sales. The company aims to improve pharmacy recommendation for the Vicks range through a strong professional programme with the emphasis on clinical data demonstrating the efficacy of their products. George Jessen, brand manager of the professional marketing team, says the company is committed to building a professional relationship with pharmacists. Pharmacy account executives now take part in a training programme which gives them a strong clinical background to the Vicks products they are detailing to pharmacists. Procter & Gamble will also be using direct mail, trade advertising and sampling to increase pharmacists awareness of the efficacy of the products.

Vicks' UK brand manager, Stephen Greenhalgh, reiterated the message to pharmacists that displaying products correctly can maximise sales and is the key to developing and growing business. Pharmacists can use the health centre display unit, available from the company, to display the Vaposyrup range alongside Ultra Chloraseptic Spray, Vaporub, Inhalers and Sinex Spray.

The display unit has been designed to meet pharmacists' requirements more closely in terms of size and content. A transparent casing allows P products to be displayed alongside GSL products.

Procter & Gamble are offering pharmacists two display incentives this season — Thermo-Bands forehead thermometers, available free to pharmacists, with a retail price of £2.99, and a prescription organiser filing system.

Window displays and shelf organisers can also be obtained from the company. The company are supporting the entire range with a £2.5 million (MEAL) television advertising campaign.

Procter & Gamble warned pharmacists against buying in stocks at last year's level. "Last Winter was the worst season for the coughs and cold market in over 20 years", says Warren Richardson. "However, the cold incidence levels between April and July 1993 were up significantly on the same period last year which suggests there will be a greater incidence of coughs and colds during the coming season. therefore pharmacists should ensure they have

has helped Vicks attain the second biggest share of the cough market within two years of its' launch.

Following the success of the "Accutip" dispenser and shatterproof, squeezable bottle, first introduced and tested on the Vicks' Children's Vaposyrup, Procter & Gamble are adding these features across the Vaposyrup range. Assistant brand manager Warren Richardson says the new bottles more closely meet consumers needs for "accurate and easy dosing without the stickiness and mess" associated with cough syrups.

Within the cough/cold category, pharmacy



sufficient stock to meet demand."

Thornton and Ross claim Covonia is the second largest brand in the market, in volume terms. They attribute the brand's success last season to an effective formula, value for money, and professional recommendation combined with national advertising support. The company say a £300,000 package of advertising support and point of sale material is planned for the coming winter. Children's Covonia, a non-drowsy, sugar-free formulation with an aniseed and peppermint flavour is also establishing itself within the market

Ruth Higham, brands development manager at Windsor Healthcare, says the Hill's Balsam is continuing to consolidate its position as the "leading range of traditional cough remedies.



Hill's Balsam offer holiday vouchers

"In the last 12 months Hill's Balsam has increased its market share of the total market both in sterling and volume terms."

Windsor Healthcare say following on the substantial spend last year, this year will see another "extensive advertising and promotional campaign". In addition to consumer advertising, the campaign will include point of sale material and a PR programme. The pharmacy will benefit from educational pharmacy assistants' competitions and deals being offered on the range.

Until December 1993, pharmacies ordering Hill's Balsam through transfer from their Windsor Healthcare territory manager will receive a £100 holiday voucher, redeemable through 14 major tour companies, including British Airways Holidays, Cosmos, Horizon and Jet Save. In addition, with every order of four dozen units or more, pharmacists will receive some tickets for a

draw with prizes of £800 holiday bonds for four winners. An order of four dozen units entitles the pharmacist to two tickets, eight dozen units to four tickets and sixteen dozen units to six tickets. All bonds are valid for holidays booked before June 1, 1994.

Hill's Balsam Junior, expectorant has undergone a major face-lift and is now known as Hill's Balsam Children's Mixture for Chesty Coughs. The new pack design for the product features a sleeping child.

According to Ruth Higham "This not only increases the product's shelf impact and positions it as a product for chesty coughs, it also brings the pack in line with the rest of the Hill's range."

LRC Products say Buttercup Syrup is currently the number two GSL brand with an increasing 14.2 per cent share of the total GSL sector. The company is supporting

Buttercup Syrup this season with a new advertising campaign in the national Press and a consumer sampling programme. The advertising campaign, highlighting Buttercup as "the first line of defence for all the family" will appear for the first time in the national Press. Special winter care kits, worth over £4, containing Buttercup lozenges and sweets, Kleenex mentholated tissues and a Buttercup branded strip thermometer will be available to the first 2,000 readers to write in. Other sampling offers will be run throughout the season in a range of consumer magazines and regional Press publications.

LRC's portfolio of cough medicines also includes Liquifruta and Galloways, which is the brand leading GSL cough syrup in pharmacies in the South of England according to independent audit figures. Both brands will receive support from LRC Products during the coming season.



Buttercup syrup, lozenges and sweets

Beechams Coughcaps will be getting national TV support from November through to January. Smithkline Beecham say the new advertisement will focus on the convenience of the capsule presentation and their sustained cough suppressant action. Display material for the counter, shelf and window is available.

The company is spending £1.5 million on the Venos brand as part of the £7.5m television advertising campaign for the SB Winter remedies portfolio. The "He knows and she knows — its Venos" television advertisement will run from December to February.

Intercare products Ltd say in a year when the value of the cough/cold market fell, the children's remedies sector grew considerably and they claim the year on year growth for Tixylix is now nearly 40 per cent.

As a result of a recommendation study conducted with pharmacists, Intercare have improved the packaging of the Tixylix range to reinforce their individual product strengths. Tixylix Original is now known as Tixylix Nightime as it is mainly used at night to help soothe coughs, Tixylix Daytime now carries the message "Soothes dry, tickly coughs. no drowsiness".

Intercare are supporting the brand with a £1 million campaign including television advertising, which will begin at the end of October, as well as a press campaign in mother and baby magazines. New point of sale material will be available to pharmacists who can also enter a window display competition. Further support is being given to Tixylix through a promotional campaign aimed at health visitors, an important source of advice and information for new mothers.

The Do-Do range from Zyma Healthcare includes tablets, uniquely positioned as bronchodilators, and a linctus

**When it comes to children's coughs and colds, we make medicines to suit.**

All children's coughs and colds are made up of different parts. Some are caused by a virus, some by a bacteria. They need different treatments. Especially for children, we make medicines to suit.

Then, when the cough is not so bad, we make a linctus to soothe the throat. And when the cough is bad, we make a syrup to soothe the throat and help the child sleep.

**Tixylix**

Specially formulated for children's coughs and colds

Tixylix Tixylix Tixylix

£1m support package for Tixylix

for older cough sufferers. Aisling Cloonan, group brand manager said the 1992/93 season was actually a "growth season" for Do-Do linctus, partly due to a £500,000 national press campaign, trade recommendation and visibility on-shelf. Zyma will be supporting the brand again this year with a £500,000 national press campaign.

Owbridge's Cough medicines have been relaunched, repackaged and the range extended. Two new products have been introduced to complement the original Owbridge's Chesty Cough Medicine — a new Adult Dry Tickle Cough medicine (100ml) and a Children's Cough Medicine. Dextromethorphan hydrobromide is the active ingredient in the dry, tickle cough variant.

The formulations and packaging of the Owbridge's range are said to be a direct response to consumer demands. As a result both of the adult variants are non-drowsy whereas the paediatric formulation, containing diphenhydramine hydrochloride is a drowsy

Continued on p10



# The word this



**WARNER  
LAMBERT  
HEALTH CARE**



# winter



The word on the street is that Benylin is preferred by three times more consumers than any other cough medicine.\* And little wonder, since it is clinically proven to provide immediate action and deep penetrating cough relief.

So when you recommend Benylin, you are recommending the cough range you can trust to satisfy your customers' needs.

And, of course, it's only available in pharmacies.

Now with new packaging and a new £3 million consumer advertising campaign, Benylin is again going to be the word for cough relief this winter.

## Benylin

Second only to your advice

\*Source: RSGB





New look for Owbridge's range

Continued from p7

formulation. The raspberry flavoured children's remedy also contains menthol to assist the child's breathing.

New packaging is designed to increase on shelf impact and appeal and clearly positions Owbridge's as a traditional family range.

Owbridge's was originally formulated in 1874 by a Mr Owbridge, a pharmacist working in a Hull fishing village, who formulated his own "lung tonic" for the local fishermen. Chefaro say the brand has continued to grow nationally despite a lack of promotional support recently.

This year Chefaro will be supporting the new look Owbridge's range with a £200,000 promotional and advertising campaign which is due to begin in November and will continue through the key Winter season.

A national promotional campaign for Pulmo Bailly will run through the 1993-94 winter cough/cold season. It will be a repeat of the successful campaign on 1989-90 which concentrated on the "chesty cough". Regular advertisements will appear in the *TV Times* and national women's magazines from October to February.

Galen extended their range of OTC cough remedies during the year with two new products. Galenphol Original, a sugar-free, aniseed flavoured linctus containing 5mg pholcodeine/5ml is indicated for dry unproductive coughs in adults and older children (140ml, £2.40). Galphenol Paediatric, containing 2mg/5ml pholcodeine is recommended for the treatment of unproductive coughs in children over three months of age. The pack includes a graduated plastic syringe and plastic adaptor for the bottle top.

## Seasonal offers

**W**eleda are offering a six for five discount on their herbal cough elixirs through the Winter. The offer applies to 200 and 100ml sizes.

A leaflet, *Winter ailments and the homeopathic remedy for you*, advises how to select the right product.

Weleda recently launched a medicinal gargle for the symptomatic relief of sore throats, mouth ulcers and tender gums (50ml, £3.85). The launch parcel consists of an outer of six packs for the price of five (£11.03 trade).

• Hofels have introduced a new pre-packed unit, suitable for counter or shelf display, consisting of six packs each of original garlic pearls, garlic tablets with parsley, Cardiomax and Neo garlic pearls. The units come in a red, white and blue box which can be

used for display. They are available only from the Seven Seas salesforce, and with each purchase there is the chance to win one of 150 mystery prizes worth over £5,000 in all.

• Potters of Wigan have introduced 100ml bottles of vegetable cough remover to complement the 200ml size. Suitable for tickly, dry and chesty coughs, the mixture is one of several of the company's herbal medicines licensed for use in coughs and colds.

• Langdale's are sponsoring a feature in regional newspapers and magazines inviting readers to describe their own family's traditional cough and cold "cures". Running until March 1994, the "Granny's favourite recipe" features invite unusual and humorous suggestions. Entries will be judged in association with each newspaper's features editor.



Tancolin tangerine flavoured cough linctus from Roche, which is suitable for children from six months to 12 years of age (100ml, £2.25). Roche Nicholas Consumer Healthcare. Tel: 0707 366000

The Meltus range of cough medicines will benefit from television advertising for the first time ever. The seasonal campaign will commence in November in the Granada, Central Scotland, Yorkshire and Tyne Tees regions. Seton Healthcare are advertising the Meltus range on television for the first time ever. The brand will also feature for the first time in a national women's interest consumer advertising campaign with a series of full page colour ads running from November to March 1994. The company say the television and Press campaigns represent a £1 million national equivalent spend.

A new point-of-sale

package, highlighting the the Adult, Junior and Baby variants, is also available to community pharmacists as well as a programme of promotional deals.

Seton Healthcare acquired the Meltus range following the acquisition of Cupal Ltd in December 1992. The Winter Meltus campaign is the biggest for a Seton OTC brand.

In August Rhône-Poulenc Rorer replaced Phensedyl Linctus containing codeine with Phensedyl Plus Linctus which contains pholcodeine, pseudoephedrine and promethazine. The company say the new formulation has a triple action, relieving coughs,



COUGH & COLD CENTRE

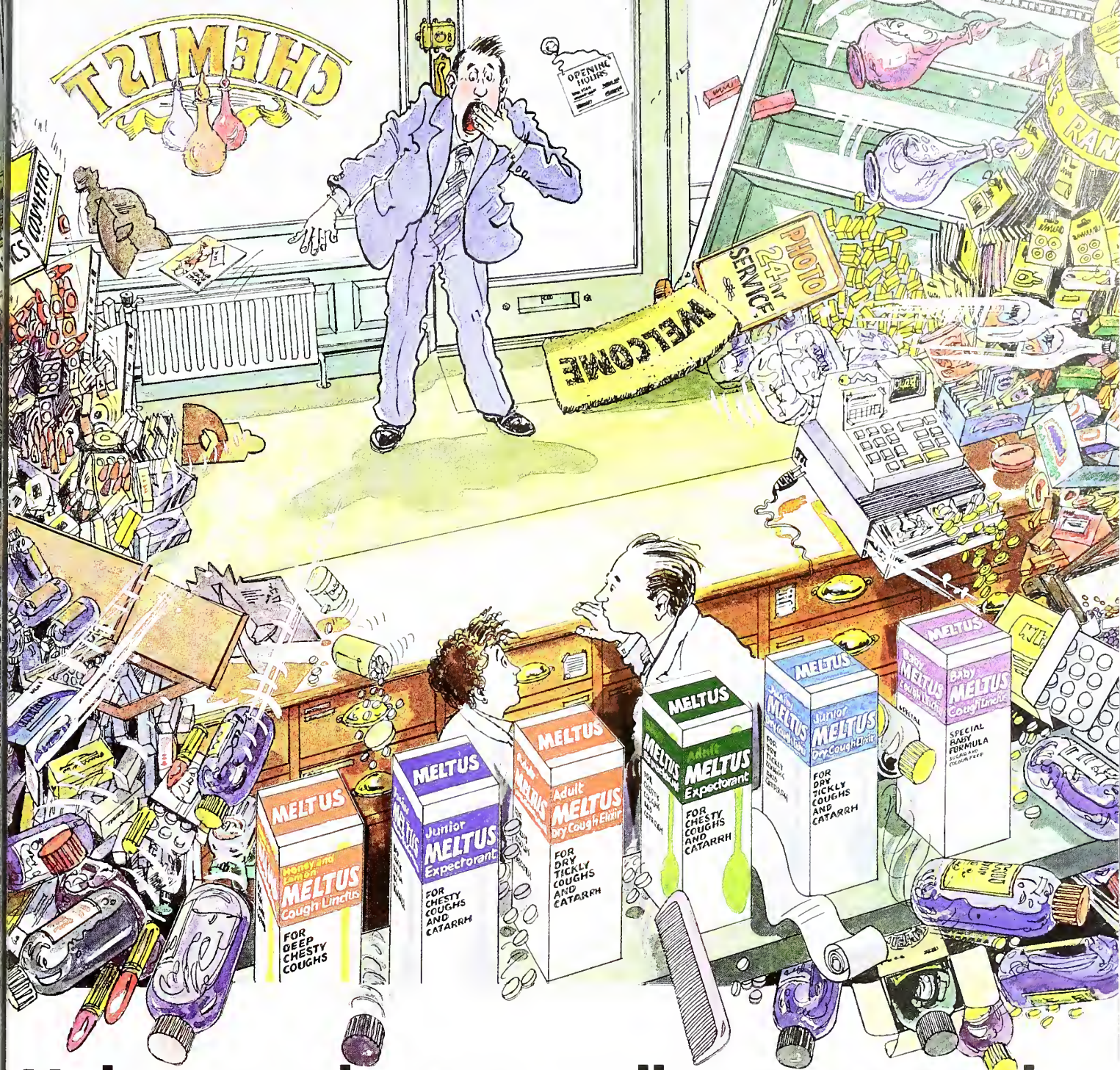
Do-Do in Zyma range display unit

clearing congestion and soothing sore throats.

Patients with coughs often require the advice of the pharmacist or pharmacy assistants to select the most appropriate treatment — an expectorant, cough suppressant or referral to their GP. Good merchandising and display of cough treatments to tie in with television or Press advertising can increase sales as well as complementing the professional advice available in the pharmacy.







# Meltus stands up to really strong coughs

Meltus not only melts away the misery of coughs fast, but now it can also help increase your OTC sales, thanks to our strongest ever promotional support.

For the first time ever, Meltus is on TV and in full page colour advertisements in women's press.

The Meltus family of fast-acting cough

medicines provides warming, soothing relief for every type of cough.

Only available through pharmacies, Meltus gives your customers the effective choice they need and the profits you want.

Talk to your Seton representative about support material for this exciting campaign.

## MELTUS

melts away the misery of coughs **fast**

200ml  
**Adult MELTUS Expectorant**

FOR CHESTY COUGHS AND CATARRH

Original  
Guaiphenesin  
and Honey  
Linctus

CUPAL

FIRST TIME EVER!  
**£1 MILLION\***  
NATIONAL  
ADVERTISING  
CAMPAIGN



# From an early age you



## Tixylix

*Night-time*  
Soothes  
children's  
coughs to  
sleep



FOR 1 TO 10 YEAR OLDS

**Night-time (Original)** – The medicine most recommended by pharmacists to soothe a child's cough to sleep. Contains a cough suppressant (pholcodine) and an antihistamine (promethazine) to help relieve tickly coughs and aid restful sleep – in a pleasant blackcurrant flavour.

Age 1-10.

## Tixylix

*Daytime*  
Soothes  
dry, tickly  
coughs



No Drowsiness

FOR 1 TO 10 YEAR OLDS

**Daytime** – For children with irritating dry coughs, but who are well enough to go to school or playgroup. Contains non-sedating cough suppressant (pholcodine) to give up to 6 hours' relief – in a pleasant fruit flavour.

Age 1-10.

**NIGHT-TIME. Presentation:** Tixylix is a blackcurrant flavoured cough linctus developed specifically for children. Each bottle contains 100ml linctus, and is supplied with a measuring cup. **Composition:** Each 5ml linctus contains. Promethazine hydrochloride B.P. 1.5mg, Pholcodine B.P. 1.5mg. Contains the equivalent of ethanol B.P. 3.8% v/v, sucrose, preservatives E211, E221 and E223. **Uses:** Tixylix provides symptomatic relief of coughs and colds in children. It is particularly beneficial for night coughs. **Recommendations:** Using the measuring cup provided, the following doses are given 2 to 3 times a day 1-2 years 2.5ml, 3-5 years 5ml, 6-10 years 5 to 10ml. **Contra-indications, Warnings on the Pack:** Do not exceed the stated dose. May cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink. If symptoms persist for more than 7 days, consult your doctor. If your child is taking other medicines, consult your Doctor or Pharmacist. Keep out of the reach of children. **Pharmaceutical Precautions:** Tixylix should be protected from light and stored at a temperature below 25°C. **Legal Category:** Pharmacy Only Medicine. **Product Licence Number:** PL 0255/0026. **Supplier:** Intercare Products Ltd., Wokingham, Berks RG11 2DZ.

**DAYTIME. Presentation:** 100ml bottles of a cough linctus with a clear, colourless liquid and a taste of lemon, lime and menthol. **Composition:** Each 5ml linctus contains. Pholcodine Ph. Eur. 4mg. Other excipients include the equivalent of ethanol B.P. 0.6% v/v sucrose, preservatives E216 and E218. **Uses:** A cough suppressant to soothe children's coughs at school and play without causing drowsiness. **Recommended Dosage:** Using the measuring cup provided, the following doses are given 6 hourly, as required. 1-2 years 2.5ml, 3-5 years 5ml, 6-10 years 5 to 10ml. **Contra-indications, Warnings on the Pack:** Do not exceed the stated dose. If symptoms persist, consult your Doctor. If your child is taking other medicines, consult your Doctor or Pharmacist. Keep out of the reach of children. **Pharmaceutical Precautions:** Store below 25°C. **Legal Category:** Pharmacy Only Medicine. **Product Licence Number:** PL 0101/0109. **Supplier:** Intercare Products Ltd., Wokingham, Berks RG11 2DZ.



# Our recommendation counts so much

It counts because concerned mothers rely on your advice on what's best for their children's coughs and colds.

And because you know you can count on Tixylix – it's grown to be the No.1 pharmacy recommendation.<sup>1</sup>

Tixylix paediatric medicines not only cover a wide age range – 3 months and upwards for Tixylix Inhalant, and 1-10 years for the others but also relieve a wide range of symptoms – night-time coughs, dry coughs, runny noses, stuffy noses.

Mothers will be reassured because it's always the appropriate dosage as it's specially formulated for children.

And you know you can rely on more of the strong advertising that helped make Tixylix the No.1 brand, accounting for nearly half of all

children's cough and cold remedy sales.<sup>2</sup>

This year alone will see a £1 million campaign on national TV and in the Mother and Baby press starting in November and we'll also be advising Health Visitors with a special campaign.



Together, your recommendations and our support have made Tixylix No.1 and together we'll help give even more effective help to even more children.

You can count on it.



# Tixylix

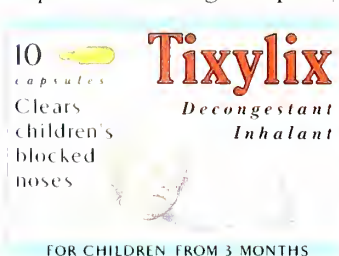


## The number one pharmacy recommendation



**Cough and Cold** – For children with dry, tickly coughs, runny noses and congestion. Contains a cough suppressant (pholcodine), a decongestant (pseudoephedrine), and an antihistamine (chlorpheniramine). Age 1-10.

**Decongestant Inhalant Capsules** – For children with blocked up noses. Releases soothing natural aromatic vapours including camphor, menthol and eucalyptus oil.



You should advise parents to snip the end from one capsule and sprinkle the contents onto a handkerchief and place it near the bedlinen, to clear blocked noses and aid restful sleep. Age 3 months and over.

**COUGH & COLD.** **Presentation:** 100ml bottles of a cough linctus with a clear, colourless liquid and a taste of lemon, lime and menthol. **Composition:** Each 5ml linctus contains: Pseudoephedrine hydrochloride B.P. 20mg, Chlorpheniramine maleate B.P. 5mg, Pholcodine Ph. Eur. 5mg. Other excipients include the equivalent of ethanol B.P. 0.6% v/v, sucrose, sodium saccharin, preservatives E216 and E218. **Uses:** A cough suppressant and decongestant to relieve cold symptoms and soothe coughs. **Recommended Dosage:** Using the measuring cup provided, the following doses are given 6 hourly, as required. Do not exceed 3 doses in 24 hours. 1-2 years 2.5ml 3-5 years 5ml 6-10 years 5 to 10ml. **Contra-indications. Warnings on the Pack:** Do not exceed the stated dose. May cause drowsiness. It affects the ability to drive or operate machinery. Avoid alcoholic drink. If symptoms persist, consult your doctor. If your child is taking other medicines, consult your Doctor or Pharmacist. Keep out of the reach of children. **Pharmaceutical Precautions:** Store below 25°C. **Legal Category:** Pharmacy Only Medicine. **Product Licence Number:** PL 0101/0104. **Supplier:** Intercare Products Ltd, Wokingham, Berks. RG11 2QZ.

**DECONGESTANT INHALANT.** **Presentation:** Gelatin capsules filled with clear liquid, in packs of 10 capsules. **Composition:** Each capsule contains: Camphor B.P. 60mg, Menthol B.P. 25mg, Turpentine Oil B.P. 50mg, Eucalyptus Oil B.P. 20mg. **Uses:** Tixylix Decongestant Inhalant uses natural aromatic vapours to relieve congestion and clear blocked noses. Whether a child has a cold, catarrh, flu or hayfever, Tixylix Decongestant Inhalant will ease their breathing and so let them sleep more easily. **Recommended Dosage:** For children 3 to 12 months. Snip the top off the capsule and sprinkle onto a handkerchief. Tie or place out of reach of the baby. **Children aged 1+:** At night, sprinkle contents onto bedlinen, pillow or nightwear. The contents of one capsule may also be tipped into a pint of water. Ensure bowl of water is out of reach of the child and allow them to inhale the vapours. Do not leave the child alone with the bowl. **Contra-indications. Warnings on the Pack:** Not to be taken internally. Avoid direct contact with the eyes and nostrils. Avoid contact with the skin. If symptoms persist, consult a Doctor. Keep out of the reach of children. **Pharmaceutical Precautions:** Store below 25°C in a dry place. **Legal Category:** General Sales List. **Product Licence Number:** PL 0255/0027. **Supplier:** Intercare Products Ltd, Wokingham, Berks. RG11 2QZ.



# SIX STEPS TO FIGHTING THE COLD WAR!



Winter is upon us and the days are getting shorter and colder. Although colds and sore throats are not actually caused by these wintry conditions, most adults will suffer from infections like sore throats and colds at least once and even twice during the winter months, whilst younger members of the family are likely to suffer more frequently. It is therefore vital that pharmacy staff are equipped to handle the upsurge in consumer questions during the next few months. Pharmacy staff should also make sure that the product range on offer reflects your customers' preferences and the increased weight of demand that will inevitably occur as a result of the national television advertising, literature and sampling campaigns which are now taking place in support of coldcare brands. With this in mind, the makers of leading coldcare brands, Strepsils, Karvol and Dequacaine have proposed the following six, highly effective steps which pharmacy staff can take for more profitable business in the winter months ahead of us.

## STEP 1 – Customers want choice

Every cold is different – and every consumer has a different way of fighting off the symptoms. And this is exactly why there is a variety of products available for the pharmacist to stock, with a wide range of efficacy and palatability. Choice at point of sale is therefore the first crucial step.

## STEP 2 – Stock the leading brands

Paying special attention to those coldcare remedies which have a good rate of sale is as important as offering consumers a good range to choose from. Once a reliable remedy is found, people will tend to stick with it. "We ran an eight week survey which showed that pharmacies can stock as many as 80 lines yet around 60 of them didn't even register a brand share in independent research," comments Senior Brand Manager, Andrew Portsmouth. Niche brands will drain pharmacy sales potential. If consumers cannot find their brand choice they will walk through the door and into another outlet.

## STEP 3 – Variants perform a vital role

Brand loyalty can also extend to individual variants according to Strepsils' healthcare survey which ran last year. The individual sales performances for Strepsils Original, Menthol and Eucalyptus, Honey & Lemon and Vitamin C warrants stocking all four as part of any repertoire of more than ten brands. This is demonstrated by Retail Audit Data which shows that Strepsils has all four variants in the top ten performers in this category.

## STEP 4 – Don't confuse the counter

Even if the best brands are stocked in the fixture, sometimes they can be cluttered and create confusion, particularly if the product is crammed into small spaces and the packs are merchandised incorrectly end-on

instead of front faced. Products should be displayed by therapeutic category, and ranges should be merchandised in blocks so that customers can easily identify them. The best selling products should be sited near to the till or "hot spot" with slower sellers furthest away.



## STEP 5 – A natural choice!

Another important consumer purchasing trigger – particularly when it comes to the care of young children – is the naturalness of the ingredients and the way that winter remedies for children are administered. "This is why Karvol, the leading children's decongestant has such lasting appeal," comments Claire Robinson, Brand Manager for Karvol. "Mothers particularly like the fact that they don't have to disturb their children when they are sleeping to bring them relief from the sniffles and discomfort of a blocked nose because with Karvol, there is nothing to swallow or rub onto the child's chest," she continues. Karvol's key ingredients of pine, menthol and cinnamon are also perceived as entirely natural and

gentle, which is exactly what counts when it comes to taking care of young children's colds.

## STEP 6 – Watch for Crookes' Special Agents!

Finally, take advantage of Crookes Healthcare's winter promotional campaign which will be introduced by the company's sales representatives this November – there are up to £37,500 worth of prizes to be won! Pharmacists who display the special coldcare display units for Karvol, Strepsils and Dequacaine during the coming sales peak can win prizes into the bargain when one of the company's special agents comes to their town. 50 winners will be chosen every week for ten weeks from 10th January and there's also a grand prize draw where pharmacists can win one of 25 fabulous Casio TV-480 pocket televisions. "This presents a major investment behind Karvol, Strepsils and Dequacaine which is designed to support pharmacists, grow his business and help his customers make an educated choice at point of sale," comments Claire Robinson.



These six simple steps will make a real difference to the pharmacy cash flow and, whilst minimising the £ outlay, they will actually help to maximise the £ return and give consumers a winning coldcare formula.





# That bunged up feeling

*Nasal congestion is the most common sign/symptom of the common cold and is also associated with flu, allergies and sinusitis. Many patients find it the most "bothersome" symptom of a cold. The UK market for decongestants is estimated to be in the region of £48 million. Decongestant products range from tablets and liquids to topical sprays and vapour products. Natural herbal based products remain a popular choice in this sector of the market, particularly for children.*

**N**asal congestion is caused by engorgement of nasal blood vessels and excess secretion of nasal mucus. The symptoms of this "uncomfortable" condition include: impaired senses of smell; dryness; burning and itching; pressure in the nose; impaired nasal inspiration, and nasal discharge. Patients reported suffering nasal congestion on all seven days of a cold (usual duration). Therefore products to relieve congestion form an important element of the cough/cold market.

Mintel say pharmacies account for 88 per cent of sales of decongestants because the majority of products are classified as P products. Within the total chemist sector, Mintel research has found that Boots takes a

has shown a 14 per cent decrease in volume over the last year. Increased awareness of the problem of rebound congestion may have caused consumers to use topical products less frequently or to switch to oral decongestants.

Vapour rubs were the fastest growing sector within the cold care market with sales increasing at twice the market rate (year on year). The majority of these purchases were for paediatric use and Crookes value the market for these products at £8 million. Within this sector over 86 per cent of sales come from three brands — Karvol, Vicks Vaporub and Olbas Oil. Therefore the advice of Andrew Portsmouth, senior product manager at Crookes Healthcare is to match consumer demand in terms of stocks, pack sizes and display.

Zyma Healthcare hold a large share of the decongestant market with their oral decongestant Mucron and Otrivine decongestant drops and spray. Aisling Cloonan said that the £750,000 TV advertising campaign has pushed Mucron ahead of Sinutab for the first time ever. She believes the strengths of Otrivine spray are its prescription heritage and pharmacy only distribution.

Sinutab Nighttime was launched by Warner Lambert Healthcare earlier this year. It combines paracetamol (300mg), phenylpropanolamine (25mg) and phenyltoloxamine (22mg) to relieve pain and nasal congestion as well as helping the sufferer to sleep. Research by the company found that 80 per cent of sinus sufferers have problems sleeping which intensifies the misery of congestion and sinus attacks, and 58 per cent were in favour of a decongestant product that was also

formulated to aid sleep.

Senior product manager at Warner Lambert Health Care, Jason Kalik, says "By adding Nighttime to the Sinutab portfolio we are responding to consumer needs. Less than half of sinus sufferers self-medicate for their night-time symptoms. This represents considerable untapped potential, and the pharmacy will recognise this as a further opportunity for pharmacy-only sales.

Both Sinutab products will be supported by a £1 million advertising campaign which will run from December to February. The creative execution will build on the familiar "Face and Arrows" Sinutab commercial.

Vicks decongestant brands, Vicks Sinex spray and Vicks Vaporub, are market leaders in 12 European countries. Two products in the Vaposyrup range also offer relief from nasal congestion as well as cough. This season Procter & Gamble are focusing their support package on their three main brands Sinex Decongestant Nasal Spray, Vicks Vaporub and Vicks Vaposyrup. The television campaign for Sinex Spray will feature improved "back-to-basics" advertisements. Procter & Gamble's professional marketing team will also be communicating to pharmacists, with the aid of clinical data, the efficacy of the spray.

Vicks Vaporub is the oldest product in the portfolio and has been used for around 100 years.

Both the Sinex Spray and Vaporub can be displayed in the new "health centre" counter unit available from Procter & Gamble this season.

Television advertising of Karvol for 13 years has built

up 88 per cent awareness of the brand, according to Claire Robinson, brand manager at Crookes Healthcare. This season the company will be using a Press advertising campaign, including trade Press, womens Press and parenting magazines. Mothers with babies over three months of toddlers will be reached with a £1 million, multi media



Dimotapp range from Whitehall

campaign which will run from October to April.

In addition, Crookes launched a Press advertising campaign in September, aimed at healthcare professionals and pharmacists in particular, which will run through the Winter months and early Spring.

Responding to research which revealed that over 60 per cent of sleeplessness in babies and young children is caused by blocked and stuffy noses, Crookes have embarked on a Sleep Initiative in association with the Royal College of Nursing. The Karvol Sleep Resource pack, due to be launched in November, will provide practical advice to mothers of



Sinutab Nighttime

significant share of sale.

The oral decongestant market is valued at £20 million but according to Aisling Cloonan, group brand manager at Zyma this sector has shown a slight increase in value over the last year but a slight decrease in volume. The topical decongestant sprays and drops market is valued at £7 million, and 93 per cent of the sales in this sector are pharmacy led, but according to Aisling Cloonan this sector

*Continued on p16*



## Flu facts

The term influenza comes from the Italian word for influence and was first used in England to describe the flu epidemic of 1743. Until then the flu had many different names including "the jolly rant".

- Traditional "cures" for the flu included Methodist minister John Wesley's suggestion that six cobwebs be rolled up into the size and shape of a doctor's pill and swallowed. Another old remedy was to swallow common wood lice.
- The worst epidemic on record in 1918-19 claimed 644,000 lives in Britain and 25 million people worldwide. This compares with the 12-14 million deaths during the First World War. Some extraordinary measures were introduced at this time to allay people's fear. In Chicago you could be arrested for sneezing in the street and in Australia it was an offence not to wear an anti-microbe mask.

The last major epidemic occurred in the UK in 1989 when an estimated 25,000 people died, some 10 per cent of all deaths that year.

- The flu virus was discovered in 1933 at the National Institute for Medical Research, Mill Hill, North London.

- The flu vaccine has to be reformulated each year as the flu viruses are continuously changing. A network of national laboratories identify the flu viruses recovered from patients with respiratory infections and send them for characterisation to a WHO International Centre. Directors of the two WHO centres — the World Influenza Centre at Mill Hill and the US Centers for Disease Control and Prevention in Atlanta — meet every February in Geneva to review their data and to recommend to all National Health Authorities which new viruses next year's vaccine should be based on.

- This season's influenza vaccines contain an A/Beijing/32/92(H3N2)-like strain, an A/Singapore/6/86(H1N1)-like strain and a B/Panama/45/90-like strain.

From information supplied by Lemsip.

The Sudafed commercials with the catchphrase "I'd sooner take Sudafed" is targeted at adults who do not want their cough or cold to affect their work or play. This campaign will run on Carlton, Central, Granada, Yorkshire, HTV, STV, Grampian and Border throughout the winter season and on Channel 4 during November and December.

Wellcome are running an in-store pharmacy promotion for Actifed across the UK from October 8 to March 31, 1994. All pharmacy customers are eligible to apply for a free Actifed "Medicine Chest" and pharmacy assistants can win prizes in an Actifed quiz.

Pharmacists are only required to display the promotional leaflets which customers complete and return with £2, to cover post and packaging. No purchase is necessary to enter. The medicine chest, made of toughened plastic, is delivered by Wellcome directly to the home. The chest is designed so that even tall medicine bottles can be stored in an upright position.

Pharmacy assistants have the opportunity to win £1,000 worth of holiday vouchers and smaller prizes by answering five questions on a multiple-choice scratch card.

## Easy Breathers

By combining natural ingredients such as camphor, menthol, nutmeg oil and pine oil with the latest advances in impregnated tissue technology, Robinson Healthcare have produced Easy Breathers, an effective decongestant in the form of a dry tissue.



Easy Breathers from Robinson Healthcare



Wrights Vaporizer new pack

The Autumn/Winter consumer advertising campaign is expected to reach 18 million people, focusing on the key market of women aged over 25, incorporating national radio advertising as well as advertising in women's interest magazines. A separate advertising campaign is planned for the London area with tube and taxi advertising. Pharmacists will be offered sales promotions and point of sale show cards.

## Wrights Vaporizer

Wrights Vaporizer has been used to relieve congestion for over 80 years. The modern system, using chlorocresol 10

per cent w/v, provides patients with the benefits of the traditional system in a cleaner, electrical unit. LRC say the Vaporizer is the only continuous nighttime vapour treatment for the relief of coughs, cold and congestion. The pack of the Vaporizer has recently been redesigned for greater impact.

Nasal congestion may be relieved by the use of sympathomimetic agents such as pseudoephedrine, and others with similar properties. Vasoconstrictors can be used to the use of topical sprays and drops for periods of longer than one to two weeks may result in rebound congestion.

£500,000 spend on Olbas Oil

Continued from p15

children with sleeping difficulties.

## Olbas Oil

Olbas Oil is another example of a naturally based decongestant. It is now licensed for use in babies over three months old. This season Olbas Oil will be promoted in the national Press with a new advertising campaign which will run from October 1993 to March 1994. A new TV campaign is scheduled for Central TV from January 1994. The total media spend will be £500,000. Bonus deals, giant display cartons and full colour leaflets are available to independent pharmacists through Ernest Jackson sales representatives.

Lanes say herbal based OTC medicines are growing in importance for pharmacists as consumer demand for these products continues to grow. They stress that producers of licensed herbal medicines have been able to prove effectiveness for their claims and products have been manufactured under strict conditions.

## Wellcome ads back

The Wellcome Foundation say following the success of the Actifed and Sudafed television campaigns last year the two brands will be back on television during the coming season.

The Actifed campaign features two ten-second commercials "Kiss" and "Football" both ending with the words "Act now" changing into "Actifed". The campaign will run on ITV from November through until February.



# A full Day of Action



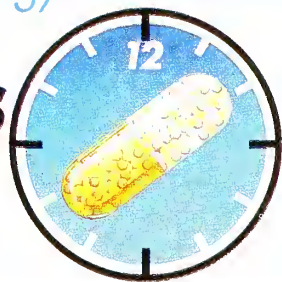
## CONTAC<sup>400</sup>

**FAST** cold & allergy relief

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**12 HOURS**

EFFECTIVE FOR

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- SNEEZING
- CONGESTION



  
CAPSULES

THE  
**BEST**  
AT MAKING IT  
**BETTER**



**Contac 400**  
contains hundreds of  
tiny time pills to  
combat colds for  
up to **12 hours**  
enabling your  
customers to get on  
with their busy lives.  
It works longer than  
any other cold and  
flu remedy - it will  
work for you too.

## £1.5m

National **TV** spend  
this winter.

**SB**  
**SmithKline Beecham**  
Consumer Brands

For further information contact:  
SB House, Brentford, Middlesex TW8 9RU  
Telephone: 081 975 4014



# Hot tips for cold care

*There is still no cure for the common cold. The wide range of combination products on the market can only alleviate the symptoms including aches and pains, cough, nasal congestion, sneezing, high temperature and runny nose. Cough and cold remedies are the second biggest sector of the OTC pharmacy market*

Mintel say hot drinks remain the largest sector of the cold remedies market with a 52 per cent share of sales. New product development in the cold remedies market over the past 12 months has been focused on new presentations and line extensions. According to a Mintel market report the pharmacy sector continues to account for the majority (60 per cent) of sales of cold remedies with Boots the Chemists taking over half of the chemist's share.

However, the high proportion of GSL products in this sector has boosted the share taken by grocers, supermarkets and other retail outlets at the expense of the pharmacy sector, particularly the independent pharmacists.

Product efficacy is an important issue and Mintel reports that in all sectors consumers have tended to move to "stronger" formulations and those with the specific benefits they require. Although market research has found the cold is



£4 million TV campaign for Lemsip this season

the most common ailment to be suffered, it is not necessarily the ailment most likely to be treated with an OTC product medicine.

## 50 Winter plans

Smithkline Beecham are entering the cough/cold season with two new products in their portfolio — Day Nurse Hot and Beechams lemon tablets.

The Lemon tablets, launched in July, for relief of headaches, colds and flu contain aspirin 300mg and glycine 150mg. They are available in packs of 20 (£1.69, GSL) and 40 (£2.59, P). The company say the tablets are designed to give improved palatability and convenience for the user, replacing the Powders first launched in 1927.

Day Nurse Hot, launched in August, contains the maximum strength formulation allowed for an OTC medicine in a non-drowsy, hot drink presentation. The company hope the hot drink presentation will attract new users to a range that is perceived by some consumers

as "too serious".

The packaging for the Day Nurse and Night Nurse range has been redesigned to emphasise its multi symptom relief and increase its on-shelf impact.

## 50 £7.5m Support

Smithkline Beecham say they will be supporting their Winter remedies ranges this season with a £7.5 million television advertising campaign. The campaign features new advertisements for the Beechams range including the new Lemon tablets and Day Nurse Hot.

Mr Beecham, who first appeared on television last year, has personified the brand and differentiated the range from Lemsip. A new 30 second commercial for Beecham lemon tablets will feature Mr Beecham and emphasise the convenience of the product and the fact that water is not required when taking the tablets.

A new campaign has been devised to promote the "high efficacy" offered by the Day Nurse, Night Nurse and Day Nurse Hot. The £1.5m television campaign will run

from December to February.

David Crow, head of marketing for OTC medicines at Smithkline Beecham Consumer Brands described the campaign as "the strongest ever advertising campaign for Winter remedies which reflects the company's commitment to P brands and the pharmacy sector in particular". He added "In line with EEC guidelines we are incorporating recommendations to 'always



read the label' prior to medication on our commercials."

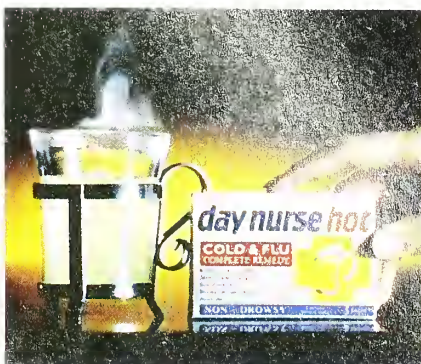
## Lemsip additions

Reckitt & Colman extended the range of Lemsip products in time for the 1993-94 season Lemsip Menthol Extra contains paracetamol 650mg, phenylephrine hydrochloride 10mg and vitamin C 50mg — the same active ingredients as Lemsip — with the addition of menthol whose vapours give symptomatic relief of a blocked nose. The levels of decongestant and vitamin C have been increased in Lemsip Hot Lemon and Lemsip Hot Blackcurrant to correspond with the new variant.

Lemsip Flu Strength has been reformulated with the preferred decongestant pseudoephedrine (10, £3.49). Each sachet contains 1000mg paracetamol, 60mg pseudoephedrine hydrochloride and 100mg vitamin C.

Lemsip Night-Time is being re-branded as Lemsip Flu strength, Night-Time formula

Continued on p20



Day Nurse Hot



# Starve a fever but feed a cold

Win a Marks & Spencer Christmas Hamper with the Wright's Vaporizer prize draw

The Wright's Vaporizer Kit is a unique vapour therapy device which uses Wright's Vaporizing Fluid to relieve the symptoms of common colds and coughs.

The Wright's Vaporizer Kit is unique because it is the only vapour therapy device that provides continuous night-time relief of the symptoms of coughs, colds and other upper respiratory tract infections.

Wright's Vaporizing Fluid contains the active ingredient chlorocresol. The fluid is added to an absorbent block in the electrical unit. Once the unit is switched on, the block heats up, releasing soothing vapours for up to eight hours during the night.

This continuous night-time treatment helps the cold-sufferer to enjoy a night of uninterrupted sleep free from irritating coughs and general wheeziness, and consequently allows an undisturbed night for the rest of the family.

The Wright's Vaporizer Kit gives pharmacists the opportunity to offer their customers a modern, clean, easy to use night-time treatment for the relief of coughs and colds.



**The competition**

Wright's are offering you the chance to complement this year's Christmas festivities with:

## Marks & Spencer Celebration and Luxury Hampers

The first three entries from the prize draw will receive a Celebration Hamper, packed with £150 worth of goods. A further five will receive a Luxury Hamper worth £100. All you have to do to enter is answer the following questions correctly and send your entries, together with your name, address, pharmacy name and telephone number, to Wright's Comp. C&D, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN 9 1RW. The answers can all be found on this page.

1. Wright's Vaporizer is the only continuous night-time vapour therapy to relieve the symptoms of coughs and colds. What is the active ingredient in Wright's Vaporizing Fluid?

2. How long does one application of the Wright's Vaporizing Fluid last for?

a) 2 hours b) 5 hours c) 8 hours.....

3. How is the Wright's Vaporizer powered?

a) candle b) electricity c) solar.....

4. What time of the day is the Wright's Vaporizer especially useful for giving continuous relief from the symptoms of common coughs and colds?

a) mid-morning b) evening c) all night.....

### Rules

1. All entries must be made on a form cut from Chemist & Druggist. No purchase is necessary. 2. The competition is not open to employees of Benn Publications, LRCP or their suppliers. 3. Entries become the property of LRCP. Entries must be received by Tuesday, November 30 for delivery by Christmas. Entries arriving after this date will not be accepted. 4. Competition open only to UK residents. 5. The judges' decision is final and no correspondence will be entered into. There is no cash alternative to the prizes offered. 6. Winners will be notified within six weeks of the closing date. Results will be available on receipt of a stamped-addressed-envelope after this period. 7. LRCP can accept no responsibility for entries lost or damaged in the post. 8. Illegible entries, in the view of the judges, will be disqualified.





Continued from p18

to strengthen the link between the products. Packs in the new Flu Strength range feature new graphics which complement the cold products but retain the red and silver "Flu Strength".

The Lemsip brand is being supported by a £4 million national television campaign this Winter, featuring new commercials for Lemsip hot drinks, including the menthol variant, and for Lemsip Flu strength. In-store display material and leaflets for consumers and pharmacy assistants are available from the company.

## New thought

Ernest Jackson, a major manufacturer of sore throat remedies, have branched out into a more ethical area of cold care. Flucaps is a new P product, containing paracetamol and codeine phosphate in a capsule form, that offers symptomatic relief from the effects of influenza and feverish colds. Its launch coincides with the 60th anniversary of the discovery of the flu virus and the company say it is a "logical

extension of the Ernest Jackson range of products".

Flucaps are packaged in distinctive silver and pink cartons. The company say the advantage of calling the product by the same name as the condition it relieves is that it is user-friendly and is easily memorised by customers and pharmacy staff. The product launch is being supported by editorial in the women's national Press, local and regional Press.

## Instant relief

The Disprol range was relaunched earlier this year with a packaging redesign. In addition the two products are now targeted at specific age-groups. Junior Disprol suspension, a P product, has been re-named Disprol Infant and is for treatment of children up to the age of six. Disprol Junior tablets will be targeted at the 6-12 age group

## AAH luxury breaks

By ordering cough and cold remedies and using AAH Pharmaceuticals as wholesaler, pharmacists could find themselves on holiday in New York or London. First prize in a caption competition



The FSC winter supplements counter pack, containing: 3 x 30 capsules Super cod liver oil 500mg; 3 x 30 capsules vitamin C 500mg (sugar free); 3 x 36 zinc lozenges; 3 x 45 daily vitamins tablets; 3 x 30 Organic Echinacea 500mg tablets and 3 x 100 One A Day Garlic Gems. The FSC unit costs £25.19 with a 45 per cent margin for retailers. Health & Diet Food Co. Ltd. Tel: 0204 707420

is a three night stay for two people in New York's Waldorf Astoria with a city tour, a helicopter tour, a Broadway show and £500 spending money included in the package. Second prize is two nights in London's Grosvenor House Hotel on Park Lane, with a West End show, dinner and £200 spending money. Ten people will each win a third prize of £100 Marks & Spencer vouchers, and 20 people a fourth prize of £50 Marks & Spencer vouchers. To qualify for the competition, pharmacists must order from at least six of the following suppliers: Smithkline Beecham; Whitehall; Warner Lambert; Schering Plough; LRC; Sterling Health; Dendron; Crookes healthcare; Roche; Vantage; Seton Healthcare; Wella; Garnier; L'Oreal; Bristol Myers; Henkel; Macdonald & Taylor; Procter & Gamble; Terrys, and Gillette. Orders must be placed before the end of November.

## Unichem offers

Unichem have added a number of new lines to their cough and cold products during the past year. These include the Ibuprofen range in packs of 24, 48 or 96.

Unichem recommend merchandising their own brand products adjacent to their branded equivalents. They suggest the sequence of products (from top to bottom of shelf, or from left to right) should be the pastilles followed by the antiseptic throat lozenges followed by other cold treatments such as the cold relief capsules.

Behind the counter cough liquids and day and night cold remedies should also be merchandised adjacent to their leading branded equivalents.

If all products are being merchandised behind the counter Unichem recommend that there are two distinct sections, cough liquids on the left and other cough and cold products on the right.

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## Consumer profile of cold remedies purchasers

**M**arket research company Datamonitor have devised a profile of consumers who purchase above or below average quantities of cold remedies. A difference of greater than 10 per cent from the average consumer profile places a person in either of these categories.

### Above average purchasing

- Consumers in the age groups, 25-34 years and 35-44 years
- Households of more than

five people

- Households with any children, especially those aged under ten years
- C2 Socio Economic class
- Part time workers
- Consumers in the following ITV regions: Lancs, Scotland and South

### Below average purchasing

- Consumers in the over-65 age group
- Household of one person
- AB Socio Economic class
- Unemployed
- Consumers in the following ITV regions: Midlands, Yorks, Tyne Tees and Anglia

## AGB and Datamonitor market statistics

**F**igures from Datamonitor value the cold remedies market at £105 million rrp in 1992, up 10.5 per cent on the previous year and showing a combined annual growth rate of 9.5 per cent between 1988-92. This total includes chest rubs, inhalants, nasal and oral decongestants.

Cold remedies accounted for £57m and decongestants £48m. The most popular cold remedy format is powders (nearly 60 per cent share), followed by tablets/capsules (nearly 30 per cent) then liquids.

Retail distribution is heavily dominated by pharmacies, particularly independents, who took 32 per cent of all sales by value.

**Expenditure 12 months to August 29 (AGB Superpanel)**  
Cold treatments £39.9m (up 4 per cent year on year)  
Cough liquids £65.3m (up 7 per cent)  
Cough/throat lozenges £44.3m (up 14 per cent)  
Cold decongestants £33m (up 12 per cent)

### Volume

Cold treatments down 1 per cent  
Cough liquids up 2 per cent  
Cough/throat lozenges up 12 per cent  
Cold decongestants up 3 per cent

AGB Superpanel covers 8,500 homes with some 28,000 individuals providing purchasing information twice weekly via electronic terminals.

Brands ranked by expenditure for the year ending August 29, 1993 (AGB)

### Cold treatments

1. Lemsip
2. Beecham Night/Day Nurse
3. Beecham powders/hot drinks
4. Boots
5. Benylin

### Cough liquids

1. Benylin
2. Vicks
3. Boots
4. Venos
5. Covonia

### Cough/throat lozenges

1. Strepsils
2. Tunes
3. Locketts
4. Mentho-lyptus
5. Boots

### Cold decongestants

1. Vicks
2. Sudafed
3. Olbas
4. Karvol
5. Mu-cron

## Mild side effects after flu vaccination in elderly

**E**lderly patients can be reassured about side effects of flu vaccination as all side effects are mild and transitory.

Flu is associated with a high risk of morbidity and mortality in elderly patient and vaccination of all people over 60 has been advocated. However uptake of flu vaccine in the elderly is low, partly because patients are concerned about side effects. In the UK it is estimated that one in every twenty high-risk patients refuse the flu vaccine because of concerns about side effects.

A study, carried out in The Netherlands, of 1806 patients aged 60 or older, of whom 904 received flu vaccine and 902 placebo, assessed the frequency and severity of side effects.

Adverse reactions were reported by 23 per cent of

patients who received the vaccine and 14 per cent of those given placebo. All adverse reactions were transitory and mild. Local side effects were more common in the vaccine group than the placebo group (17.5 per cent vs 7.3 per cent).

Women reported substantially more side effects than men (30 per cent vs 15 per cent). Although the difference between the incidence of side effects in men and women is still unexplained, the authors say it should be recognised in future studies into side effects.

The differences between patients given vaccine and those given placebo decreased with increasing age. However, this finding could be biased by the fact that there were fewer patients in the older age groups. *British Medical Journal* 1993; 307: 988-990

## Vaccine uptake in the elderly

Universal immunisation of the elderly against influenza is not justified, a recent study has concluded. But improved targeting and education is needed to increase immunisation of people at risk.

Immunisation is recommended for elderly people living in residential homes and long stay hospitals and those, especially the elderly, who have chronic heart, lung or renal disease, diabetes and other less common endocrine disorders, or immunosuppression due to disease or treatment.

During the Winter of 1991-2, microbiologist Karl Nicholson studied the uptake of influenza vaccine among over 500 elderly people living in Leicester. He found that just over half the people aged 65 years or over and living at home had one or more medical indications for immunisation, but of those less than half received the vaccine. The main reasons given by patients for not being immunised were not realising they were at risk and lack of advice or recommendations from GPs. About 5 per cent of high risk patients were worried about side effects and 5 per cent thought the vaccine was ineffective.

In the USA \$100 million has been allocated over four years to evaluate the cost effectiveness of influenza immunisation in elderly people. The interim data indicate that the vaccine is worthwhile in ambulant people with chronic medical conditions. GPs should therefore follow the Department of Health's guidelines, the author suggests. *British Medical Journal* 1993; 306: 974-6.

## Flu — a safety hazard at work

Flu slows human reaction times and could be a safety hazard at work according to research carried out at the University of Wales, Cardiff.

Two studies showed that influenza B infection impaired the performance of simple tasks by between 20 and 40 per cent which the authors say is comparable to the 5-10 per cent deterioration seen after alcohol consumption or work at night. Because the flu sufferers were not ill enough to stay in bed the authors concluded such patients could endanger safety at work. *British Medical Journal* 1993; 306: 760-1



# Flu link with schizophrenia

**T**here is some evidence that influenza in pregnancy may be linked with schizophrenia in the offspring.

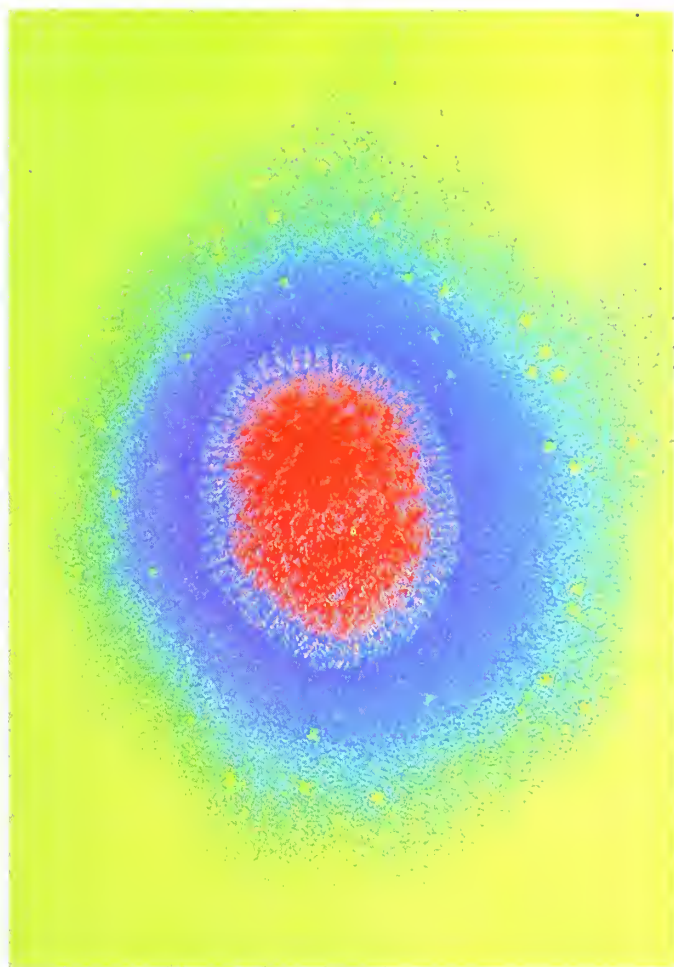
The issue is still controversial but came to be investigated when it was noticed that more schizophrenics were born in the early months of the year, suggesting that some seasonal factor acting at or near the time of birth could be responsible.

Evidence of the reduced head circumference of schizophrenics at birth and other brain abnormalities have also led researchers to suspect that the damage leading to schizophrenia is caused during pregnancy.

Researchers based at the Institute of Psychiatry, London examined the relationship between the birthdays of schizophrenic patients

admitted to hospitals for the first time in England and Wales between 1970-79 and the occurrence of flu epidemics between 1939-60. They found that exposure to flu epidemics between the third and seventh month of gestation was associated with schizophrenia in adult life.

Writing in the *British Journal of Psychiatry* (1992; 160: 461-466), the researchers suggest that if the mother catches flu during a vulnerable period in development of the foetal brain, this results in damage which predisposes the individual to schizophrenia. But there are other possible explanations, for example, medications taken during epidemics may adversely affect foetal brain development. Influenza may decrease appetite and result in inadequate nutrition, or it may predispose to other infections which cause the damage.



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Other researchers studied the relationship between the incidence of influenza and the birth dates of three large groups of schizophrenic patients in Scotland, England and Denmark (*British Journal of Psychiatry* 1993; 163: 522-534). They found that exposure to the 1957 A2 epidemic in mid-pregnancy was associated with increased incidence of schizophrenia, at least in females, in all three groups.

The second trimester of pregnancy appears to be the time at which the foetus is most at risk. They added that it is unlikely that maternal influenza is implicated in more than a small minority of cases of schizophrenia, but this poses a public health dilemma.

"If the pathogenic mechanism depends on maternal infection with live virus, pregnant women should be offered immunisation against influenza, particularly if their second trimester is going to coincide with the high risk Winter months.

"If, on the other hand, the pathogenic mechanism depends on the mother's immune response, rather than the infection itself, immunisation is positively contra-indicated."

## Efficacy of cold remedies in children

Cold remedies are not effective in preschool children and there is no reason to have these products available say the authors of a literature review of all studies on OTC cold medications published in English between 1950 and 1991.

Only 27 controlled clinical trials met the researcher's criteria for scientific validity. Of the two involving preschool children, one found no benefit from antihistamine-decongestant combinations. The authors say more studies are needed to determine the effectiveness of cold remedies in young children.

However a British study did find that combination medicines containing analgesic significantly reduced coughs, sore throats and body aches in children aged 6-12 years. The researchers also stated that the effectiveness of OTC cold medications is much more apparent in studies of teenagers and adults. *Journal of the American Medical Association* 1993; 269: 2258-63



# Europharmacy '93 — The Common Cold Study Forum

Over 200 European pharmacists gathered in Madrid, earlier this year to hear a panel of experts discuss the common cold and the OTC products used to treat the symptoms. The Europharmacy '93 common cold symposium was sponsored by the Pharmaceutical Group of the European Community, the Spanish Pharmacists Association and Procter & Gamble.

## Cold aetiology

According to Professor Ramiro Avila, a professor of pulmonary medicine in Lisbon, cold sufferers are at their most infectious during the first three days of illness when titres of rhinoviruses, the main cause of the common cold are highest and runny nose and sneeze are most prevalent. Thereafter levels of rhinoviruses decline to low levels which persist for up to three weeks.

Although chilling of the body surface does not, in itself induce colds, it may be important in helping the virus to become established in a recently-infected individual. Poor health, respiratory tract abnormalities, such as enlarged tonsils or adenoids, or nutritional status do not increase an individual's susceptibility to colds.

Research was carried out into the most "bothersome" symptom, which Professor Avila assumed would be the

symptom sufferers are most likely to treat. Procter & Gamble found that, overall, nasal congestion is the "most bothersome" symptom of a common cold. Sore throat tends to predominate as the "most bothersome" symptom at the start of a cold but quickly declines in importance. Cough began to compete with nasal congestion as the most bothersome towards the end of the first week of the cold. This dynamic nature of the cold's symptomatology emphasises the need for individual patient guidance on choosing the best therapeutic option.

## Applied menthol

Although menthol has been used to relieve nasal congestion for over 100 years, it is only recently that researchers have discovered how menthol exerts a "decongestant action". Dr Ron Eccles and his team at the Common Cold research unit at the University of Wales have found that menthol offers subjective relief of nasal congestion by sensitising receptors in the nose and throat. However, the sensation of cold air is not accompanied by a decrease in airway resistance. In one study, carried out at Cardiff, exercise produced up to a 70 per cent decrease in nasal resistance to airflow but no improvement in sensation of airflow, whereas menthol, camphor or eucalyptus did not produce a decrease in airflow resistance but all subjects reported a significant improvement in nasal sensation of airflow.

Dr Eccles also proposed that menthol exerts a mild inhibitory action on ventilation which results in a smoother breathing pattern and increased activity of accessory respiratory muscles which is important in maintaining the patency of airways — a particular advantage during sleep and possibly in sleeping infants.

Menthol may also have anti-tussive properties. This may be due to inhibition of respiratory activity via stimulation of cold receptors and/or influence on the activity of airway irritant receptors which trigger cough.

## Minor ailment, major effects

Colds may be minor ailments but their costs are high in terms of working days lost or days spent working under par.

A quarter of those questioned in a recent survey said they had had at least one day off work in the previous 12 months because of a cold. The average was 1.4 days.

The survey, commissioned by Wellcome on behalf of Actived, involved 1,000 adults of whom four out of ten had had time off work because of illness during the previous year. Half of these said that at least one day was because of a cough or cold, the mean figure being 3.3 days.

The overall average number of days off due to any illness was 6.8.

Asked when they would consult a doctor if a child had a cough or cold, 23 per cent said "after two days if it does not improve," 12 per cent said they would leave it for three or four days while the same proportion would consult a doctor as soon as the cold developed. Two in five said they would contact a doctor if the child had a high temperature.

In March, the Industrial Society published a report, "Wish you were here," which surveyed absenteeism and its causes in a number of UK and Japanese organisations. Colds and flu were the most common reasons for absence written on certification forms (58 per cent in the UK), followed by stomach upsets and food poisoning (23 per cent).

But employers often doubt the reasons offered. Although colds and flu were recognised by the companies as being the

most frequent true cause of absence (77 per cent), over half the respondents felt that stress, emotional and personal problems contributed to or caused absences, despite their employees' reluctance to admit it on certification forms.

In another survey, carried out for Ferrosan Healthcare, just over half of those questioned thought that colds impaired their powers of concentration and a further 40 per cent admitted that their general performance at work suffered, especially when dealing with colleagues or handling a meeting.

These mental problems are compounded by emotional difficulties. Over half the 200 adults surveyed blamed bad colds for undermining their enthusiasm while nearly a third confessed to being more irritable than usual and a quarter to being less tolerant of mistakes, both their own and other people's.

Although over a third of

those questioned said that colds lasted at least a week, 82 per cent did not stay away from work. Only 12 per cent admitted to taking a couple of days off, but 8 per cent were prepared to stay at home for longer.

Women were more likely than men to try to carry on as normal (34 per cent against 28 per cent) and were slightly less likely to take to their beds (10 per cent males compared with 8 per cent females).

More than half believed that taking vitamin C supplements during the Winter protected them against colds and nearly a quarter took an extra dose the moment they felt a cold coming on. But once the cold hit, analgesics were the most popular medication, taken by 41 per cent of those questioned. Nearly one third (30 per cent) took a hot toddy last thing at night, while 28 per cent took cough mixtures and throat lozenges.

## Colds can exacerbate asthma

Rhinoviruses, the major causative agents of colds, and other respiratory virus infections, commonly cause or are associated with exacerbations of asthma.

The study, carried out in Leicestershire Health Authority, of 138 adults with asthma found that 80 per cent of subjective asthma exacerbations occurred with symptomatic colds and that 89 per cent of symptomatic colds were associated with symptoms of asthma. These results suggest that acute respiratory infections are as commonly linked to

exacerbation in adults as in children.

Almost a quarter of laboratory confirmed non-bacterial infections were associated with mean decreases in peak expiratory flow of greater than or equal to 50l/min, and half with mean decreases of greater than or equal to 25l/min.

Infections with rhinoviruses, coronaviruses OC43 and 229E, influenza B and a number of other viruses were all associated with objective exacerbation of asthma. *British Medical Journal* 1993; 307: 982-6





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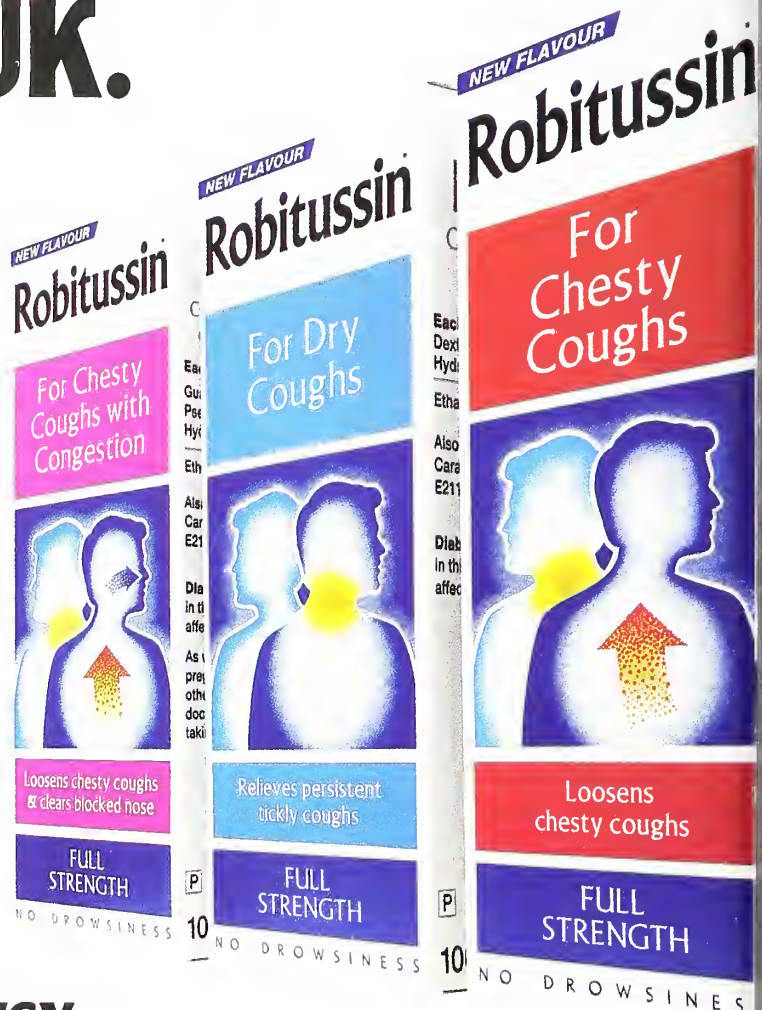
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**ROBITUSSIN\* FOR DRY COUGHS.** **Presentation:** Each bottle contains 100 ml of cough medicine, and is supplied with a measuring cup. **Active ingredients:** Each 5 ml of liquid contains: Dextromethorphan hydrobromide Ph.Eur 7.5 mg, equivalent of ethanol BP 2.5% v/v. **Indications:** For the relief of dry, irritant coughs. **Recommended Dosage:** Using the measuring cup provided, the following doses are given 3 to 4 times a day. **Adults** 10 ml. **Children 6-12 years** 5 ml. **Under 6 years**, not recommended. **Warning on the pack:** Do not exceed stated dose. **Product Licence Number:** PL 0165/0100.

**ROBITUSSIN\* FOR CHESTY COUGHS.** **Presentation:** Each bottle contains 100 ml of cough medicine, and is supplied with a measuring cup. **Active ingredients:** Each 5 ml of liquid contains: Guaiphenesin Ph.Eur 100 mg, equivalent of ethanol BP 2.5% v/v. **Indications:** Provides symptomatic relief of chesty coughs. **Recommended dosage:** Using the measuring cup provided, the following doses are given 4 times a day. **Adults** 10 ml. **Children 6-12 years** 5 ml. **Children 1-6 years** 2.5 ml. **Under 1 year**, not recommended. **Product Licence Number:** PL 0165/0097.